

Exhibit “A”

IN THE 327th JUDICIAL DISTRICT COURT
OF EL PASO COUNTY, TEXAS

MIGUEL A. MARES,

Plaintiff,

v.

NGUYEN HUU NGUYEN and
TRIGO EXPRESS, LLC,

Defendants.

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Case No.: 2017DCV0917

DEFENDANT TRIGO EXPRESS, LLC'S
ORIGINAL ANSWER

TO THE HONORABLE DISTRICT COURT:

COME NOW, NGUYEN HUU NGUYEN and TRIGO EXPRESS, LLC, Defendant herein ("**Defendant**"), and timely files this, its Original Answer in reply to the Amended Petition filed by Plaintiff, Miguel A. Mares ("**Plaintiff**") in this cause and asserts as follows:

I.

General Denial

Pursuant to Rule 92 of the Texas Rules of Civil Procedure, this Defendant enters a General Denial Answer and places all of the matters pled by Plaintiff in this case in issue, demanding strict proof of all of Plaintiff's allegations made herein by a preponderance of the evidence as required by the Constitution and laws of the State of Texas.

II.

Defendant reserves the right to amend its Answer further, if necessary.

WHEREFORE, PREMISES CONSIDERED, Defendant, TRIGO EXPRESS, LLC prays to the Court that all relief requested by Plaintiff against it in this action be denied in its



entirety, that Plaintiff take nothing by his claims asserted against Defendant and that Defendant be allowed to go hence, without delay and with its costs taxed to Plaintiff and for such other and further relief, legal and equitable, general and special, to which Defendant is justly entitled.

Respectfully submitted,

**MOUNCE, GREEN, MYERS,
SAFI, PAXSON & GALATZAN**
A Professional Corporation
P. O. Box 1977
El Paso, Texas 79950-1977
(915) 532-2000
(915) 541-1597 (fax)
almanzan@mgmsg.com

By: Andy Almanzán
Andrés E. Almanzán
State Bar No. 24001643

Attorneys for Defendants
**NGUYEN HUU NGUYEN and
TRIGO EXPRESS, LLC**

CERTIFICATE OF SERVICE

I, **Andrés E. Almanzán**, certify on this 17th day of November, 2017, the foregoing document was electronically filed with the Clerk of the Court using the electronic filing procedures action pursuant to the Court's Electronic Filing Procedures, which will electronically send notification of such filing to the following counsel of record at his respective e-mail address as follows: James B. Kennedy, Jr., Esq., James Kennedy, P.L.L.C., 6216 Gateway Blvd., East, El Paso, Texas 79905, Attorneys for Plaintiff.

Andy Almanzán
Andrés E. Almanzán

A TRUE COPY. I CERTIFY
NORMA FAVELA BARCELEAU
District Clerk
BY Justin Soles Deputy

Page 2

NOV 21 2017

15586-106/AALM/1332710



Filed 11/16/2017 9:49 AM

El Paso County - 327th District Court

Norma Favela Barceleau
District Clerk
El Paso County
2017DCV0917IN THE DISTRICT COURT OF EL PASO COUNTY, TEXAS
327TH JUDICIAL DISTRICT

MIGUEL A. MARES

vs

Cause No. 2017DCV0917

NGUYEN HUU NGUYEN; UTILITY
TRAILER MANUFACTURING COMPANY**ORDER SETTING HEARING**The above reference case is **SET** as follows:

Date	Time	Description
01/30/2018	2:00 PM	Status/Scheduling Conference

Dear Counsel:

The Court requires that counsel appear in person or that arrangements be made for local counsel to appear

If you do not show to court on the day of your hearing this case will be Dismissed For Want of Prosecution or pursuant to the Court's inherent power.

If the above reference case has already been settled, tried or dismissed, please notify my Court Coordinator (Estela Alarcon: (915) 546-2032) upon receipt of this order.

PLEASE BE ADVISED: By Standing Order in Civil Matters signed and entered by the Council of Judges, pursuant to the Texas Supreme Court Order mandating electronic filing of civil matters effective January 1, 2014: Parties shall provide a courtesy hard copy, MAILED, OR HAND-DELIVERED, to the court of motions, responses and pertinent supporting documents, no later than 7 working days before the hearing. Failure to comply with this order may result in cancellations of the hearing.

Signed on this the 9th day of November, 2017


 LINDA Y. CHEW, Judge
IF YOU KNOW OF AN ATTORNEY INVOLVED IN THIS CASE AND NOT LISTED, PLEASE PROVIDE HIM/HER WITH A COPY OF THIS SETTING.Fax:
JAMES B KENNEDY
ANDRES E ALMANZAN915-532-2423
915-541-1597A TRUE COPY, I CERTIFY
NORMA FAVELA BARCELEAU
District Clerk

BY

Deputy

NOV 21 2017





hereto.

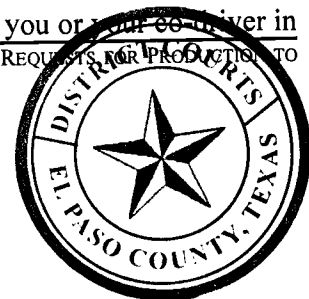
I. DEFINITIONS AND INSTRUCTIONS

- (1) As used herein, the terms “you” and “your,” as used herein and unless explicitly stated otherwise, shall mean **TRIGO EXPRESS LLC** and/or your employees, agents, and all other natural persons or business or legal entities acting on your behalf.
- (2) The allegations of negligence and the description of claimed injuries and damages contained in Plaintiff’s Original Petition are incorporated fully herein, as if stated verbatim.
- (3) The term “Subject Accident,” as used herein, refers to the occurrence that makes the basis of this suit. This occurrence is more fully described in Plaintiff’s Original Petition in “Facts.”
- (4) The term “Subject Injuries,” as used herein, shall mean the injuries Plaintiff claims were incurred as a direct and proximate result of the Subject Accident. These injuries and damages were described in Plaintiff’s Original Petition, and same are incorporated fully herein as if stated verbatim.
- (5) The term “document,” as used herein, shall be used to broadly describe information, data, or imagery that has been recorded in any form (e.g., paper, magnetic tape, magnetic disk, optical disk, USB flash drive, signs, placards, banners, tablets, etc.).
- (6) The term “accident files and records,” as used herein, is intended to have broad reference to all documents required from you by other organizations, state or federal governmental agencies, which are in any way related to any accident you or your co-drivers have been involved in.
- (7) The term “co-driver,” as used herein, means any person(s) driving or riding with you on the date of the accident, and who at any time during the trip was driving the truck or was acting as a driver-trainer.
- (8) The term “driver’s qualification file,” as used herein, means those documents specifically required by Title 49 CFR Chapter III, Subtitle B, Parts 382, 383, and 391 created and maintained by your employer relating to you.
- (9) The term “trip,” as used herein, is defined as the transportation or movement of one load of cargo, regardless of load size or type, from its origin to its final destination and includes the travel “empty or unloaded” from that destination point to the next point or location of loading, end of trip or new trip origin.



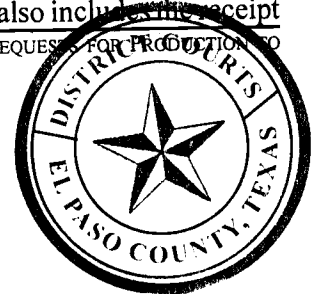
(10) The term "operational documents," as used herein, means all of the following:

- a. Your trip reports or trip envelopes, daily loads delivered or picked up reports or any otherwise described work reports, work schedule reports, fuel purchased reports, or any reports made by you, inclusive of daily, weekly or monthly cargo transported, time or distance traveled reports or work records, excluding only those documents known as "driver's daily logs" or "driver's record of duty status."
- b. All receipts for any trip expenses or purchases made by you or your co-driver during a trip, regardless of the types of purchase (e.g., fuel, weighing of vehicles, food, lodging, equipment maintenance, repair or cleaning of equipment, special or oversize permits, bridge or toll roads, loading and unloading cost, and all otherwise described receipts).
- c. All cargo pickup or delivery documents prepared by you, your employer, transportation brokers, involved shippers or receivers, motor carriers operations/dispatch personnel, drivers, or other persons or organizations relative to the cargo transported by you or your co-driver.
- d. All written requests, letters, memoranda, instructions, or orders, for transportation of cargo issued to you, transportation brokers, involved shippers or receivers, motor carriers operations/dispatch or sales personnel, drivers or other persons or organizations relative to the operations and cargo transported by you or your co-driver.
- e. All bills of lading or cargo manifest prepared or issued by any shippers, brokers, transporting motor carriers personnel, receivers of cargo or you. This specifically includes readable and complete copies of bills of lading, manifests, or other signed documents for cargo delivered along with any document that shows dates and times of cargo pickup or delivery that are relative to the operations and cargo transported by you or your co-driver.
- f. All equipment or cargo loading, unloading or detention of equipment documents along with any documents showing cargo pickup or delivery dates and times or delays or detention of equipment relative to the operations of you or your co-driver.
- g. All cargo transported freight bills, PRO's or otherwise described similar documents inclusive of all signed or unsigned cargo pickup and delivery copies that indicate the date or time of pick up or delivery of cargo by you or your co-driver.
- h. All written instructions, orders, or advice given to you or your co-driver in



reference to cargo transported, routes to travel, locations to purchase fuel, cargo pickup or delivery times issued by you, shippers, receivers, or any other persons or organizations.

- i. Dispatch or operational records indicating assignment of equipment and drivers to specific cargo pickup, transportation and delivery, dates and times of pickup and delivery, movement of cargo, shippers and receivers of cargo, and any other related operational records or documents. This specifically includes all dispatch and operational type computer generated documents and materials indicating the trips, cargo, movements or activities of you or your co-driver.
- j. Any call-in records or otherwise described documents indicating any communications between you and your employer.
- k. All accounting records, merchandise purchased, cargo transportation billings or invoices and subsequent payments or otherwise described records indicating billings for transportation of cargo or payment for services performed by you or your co-driver for your employer.
- l. All initial or rough trip check-in or financial settlement sheets along with all final trip accounting documents, and computer generated documents or printouts showing expenses and payment(s) for service(s) or salary paid to you in reference to your trips. This specifically includes any summary type documents showing all payments made to you regardless of the purpose of payment or the period of time for which payment was made.
- m. All motor carrier or driver-created trip fuel mileage and purchase reports or records. This specifically includes all documents and computer generated documents, regardless of form or subject, received from any source such as the organization known as "COMCHEK," or generated for or by you, showing date, time and location of fueling or other purchases by you or your co-driver.
- n. All checks or otherwise described negotiable instruments issued to you or your co-driver given in payment as trip advances, loans, or for any other purpose inclusive of checks issued for employee payroll, owner/operator, or for trip lessors for services, where such are in your possession. Specifically copies of the front and back of each check or comchek issued to you or your co-driver.
- o. All state fuel or oversize special permits and any related documents or requests issued to or by any state agency to transport cargo over their territories, regardless of the form of the permit. This also includes the receipt



acknowledging payment for the permit issued by any governmental agency that relate to the movements of you or your co-driver.

- p. All trip leases or trip lease contracts involving you or your co-driver along with all related documentation issued to or created or received by you. Specifically, this includes any trip leases negotiated between you and any other motor carrier or their drivers inclusive of all related documentation thereto. Basically, "related documentation" consists of any documents created or generated in reference to the trip lease(s) and in addition, driver's daily logs or record of duty status, driver's daily condition reports, motor carrier certification of driver's qualification and include other documents that relate to the billing and payment for such movement of freight, along with all other types of documentation regardless of form or description that are relative to each occurrence involving the services and activities of you or your co-driver.
 - q. All information from your satellite tracking system, electronic monitoring system, frame relay system, and electronic data communication systems relating to the location of you or your co-driver. This would include "Qualcomm" or any similar data which is generated for the purposes of periodically recording the geographical position of the truck you or your co-driver were operating.
 - r. All other documents created or received by the Defendants or any other persons or organizations, regardless of form or description and not defined herein, in the possession of any of the Defendants and relative to the operations, activities, movements, cargo and trips accomplished by you or your co-driver.
- (11) The terms "truck" or "tractor," as used herein, unless otherwise defined in a specific request herein, means the over-the-road vehicular power unit being operated by you or your co-driver at the time of the Subject Accident.
 - (12) The term "trailer," as used herein, unless otherwise defined in a specific request herein, means any trailer that may have been attached to the power unit being operated by you at the time of the Subject Accident.
 - (13) The term "hours of service records," as used herein, means any and all documents created in reference to Title 49 CFR Chapter III, Subtitle B, Part 395, including, but not limited to, driver's record of duty status, drivers' daily logs, time worked cards or other time worked records or summaries. This term also includes all documents created or maintained by you or your co-driver regarding reprimands, warnings, write-ups, or other disciplinary action taken against you in connection with violations of Title 49 CFR Chapter III, Subtitle B, Part 395.



- (14) The term “maintenance files and records,” as used herein, means those documents required to be created or maintained by you in accordance with Title 49 CFR Chapter III, Subtitle B, Part 396, “inspection, repair and maintenance.” This includes, but is not limited to, all driver’s tractor and trailer daily condition reports, all systematic and annual inspections, work or repair orders, list of add-ons or take-offs of equipment parts and accessories, accounting records, bills, or notes of repairs or maintenance and all summary type maintenance documents, inclusive of any summary or computer generated type systematic lubrication, inspection and maintenance records and documents in your possession or on located in the truck operated by you on the date of the accident.
- (15) The “FOMCHSFO,” as used herein, means the Federal Governmental Entity within the Federal Department of Transportation known as the “Federal Office of Motor Carrier and Highway Safety, Field Operations,” which is the federal agency having jurisdiction and field enforcement responsibilities for the Federal Motor Carrier Safety Requires, as is set forth in Title 49 CFR, Chapter III.

INTERROGATORIES

INTERROGATORY NO. 1:

Please identify yourself by stating your name, address, telephone number, date of birth, driver’s license number and the state in which it was issued, and your social security number.

ANSWER:

INTERROGATORY NO. 2:

Have you been sued under the correct name? If yes, please so state. If not, please provide your full and correct name, address, and telephone number, and the identity of your registered agent or the person or entity who is authorized to receive service of process.

ANSWER:



INTERROGATORY NO. 3:

Pursuant to Texas Rules of Civil Procedure §192.3(f), describe any insurance agreement under which any person carrying on an insurance business may be liable to satisfy part or all of judgment that may be entered into this action, or to indemnify or reimburse for payments made to satisfy the judgment, by stating the name and address of the person or entity insured, the name and address of the insurer, the limits of applicable coverage and the amounts of any applicable deductibles or self-insured retentions. If any of the applicable insurance policies are aggregate limit policies, please state the applicable limits, whether any claims applicable to such limits have been made, the name, address and phone number of the claimant(s) and his/her attorney(s) and the amount reserved on such claim, state whether any sums have been paid, and if so, state the amount paid, and state the last date upon which a claim can be made against such aggregate limit. Further, please state whether or not notice of the incident was given, and whether or not a non-waiver agreement, reservation or rights letter, or any other document or agreement regarding coverage has been signed by or sent or communication to you.

ANSWER:

INTERROGATORY NO. 4:

State the name, address, telephone number, area of expertise, and the subject matter upon which you consulted any experts whose mental impressions or opinions have been or will be reviewed by any of your testifying experts in connection with this lawsuit.

ANSWER:

INTERROGATORY NO. 5:

Identify which of the Subject Injuries you are asserting were not caused or aggravated by the occurrence of the Subject Accident. Please supplement this answer as necessary.

ANSWER:

INTERROGATORY NO. 6:

If you are asserting more than just a General Denial (TRCP 92) as to the cause(s) of the Subject Injuries, identify the facts upon which you base your assertion. Please supplement this answer as necessary.

ANSWER:

INTERROGATORY NO. 7:

Please state whether you were charged with any traffic violations in connection with the Subject Accident and, if so, the final disposition of such traffic charge.

ANSWER:



INTERROGATORY NO. 8:

Please state whether you have ever been charged with or convicted of any crimes and if so, the date of the accident giving rise to the charge(s), the nature of the offense with which you were charged and the disposition of the charge(s).

ANSWER:

INTERROGATORY NO. 9:

State the approximate speed of your vehicle at the time of the Subject Accident.

ANSWER:

INTERROGATORY NO. 10:

Please state the purpose of your trip at the time of the Subject Accident. If you were acting within the course and scope of your employment with any employer whom you were employed with at the time of the Subject Accident, or if you were driving a vehicle owned by any such employer, state the name, address, and phone number of any such employer.

ANSWER:

INTERROGATORY NO. 11:

State whether you consumed any intoxicating beverages or controlled substances within 24 hours prior to the Subject Accident and, if so, specify the type of beverage or controlled substance, the quantity consumed, the time and place where same was consumed, and the identity and address of each person who was present when the beverage and controlled substance was consumed.

ANSWER:

INTERROGATORY NO. 12:

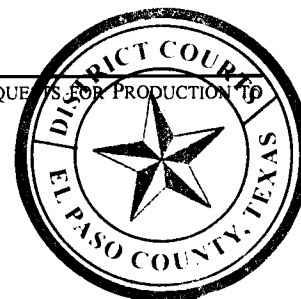
Please identify all of your employers for the previous ten years by stating the name, address, and telephone number of the employer, the name of your immediate supervisor, a brief description of the nature of your duties, and beginning and ending dates of employment with same. Please make an indication for the employer(s) you were acting within the course and scope of your employment with at the time of the Subject Accident, if applicable.

ANSWER:

INTERROGATORY NO. 13:

Please state any and all addresses you have lived at for the previous ten years.

ANSWER:



INTERROGATORY NO. 14:

Please state whether you have ever been involved in any other motor vehicle collisions at a time when you were the operator of an involved motor vehicle, exclusive of the Subject Accident, and, if so, the date of such collision, whether any claims or civil actions for personal injuries arose out of such collision and the disposition of such claims or civil actions.

ANSWER:

INTERROGATORY NO. 15:

Please state your educational background including all post-elementary school institutions attended, the dates of such attendance and any degrees, diplomas or citations earned.

ANSWER:

INTERROGATORY NO. 16:

Please state all medications that you had consumed during the two months prior to the Subject Accident, state the dates of consumption, the dosage consumed and the state whether you were taking such medication pursuant to a prescription.

ANSWER:

INTERROGATORY NO. 17:

Please state the name and address of any and all health care providers, including optometrists or ophthalmologists, of whom you have been a patient for the ten years preceding the Subject Accident.

ANSWER:

INTERROGATORY NO. 18:

Briefly describe the damage that was done to the vehicle you were operating at the time of the Subject Accident and identify the total charges of the cost of repairs to that vehicle.

ANSWER:

INTERROGATORY NO. 19:

State your contentions as to how the Subject Accident occurred. If you contend that there was any negligence in connection to the Subject Accident attributable to Plaintiff, please identify any such acts or omissions on his part.

ANSWER:



INTERROGATORY NO. 20:

If you contend that Plaintiff was negligent at the time of the Subject Accident, and that such negligence was a contributing or proximate cause of the Subject Accident, please identify the actions or omissions committed by Plaintiff that you contend were negligent and caused or contributed to cause the Subject Accident. You may attach all descriptive aids as you deem necessary to clarify your answer.

Answer:

INTERROGATORY NO. 21:

Please describe any physical pain, injury, or mental anguish you experienced in connection with the Subject Accident. If you reported any of these conditions to your employer at the time of the Subject Accident, please so state. If you missed any work as a result of these conditions, please so state.

ANSWER:

INTERROGATORY NO. 22:

In the event your company's written policies regarding the hours of service are different from Title 49 CFR Chapter III, Subtitle B, Part 395, please state verbatim your company's written policies regarding the hours of service of your drivers. In lieu thereof, simply attaching these written policies to your answers is sufficient.

ANSWER:

INTERROGATORY NO. 23:

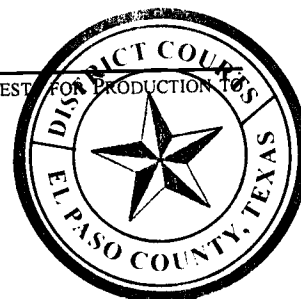
With respect to the hours of service records and the entries as they are recorded therein for the forty-eight-hour-period immediately preceding the Subject Accident, for each change in duty status of you (e.g., driving, resting, off-duty, etc.), please state the time of day, and the effective status of duty for you. In lieu thereof, produce the hours of service records for the forty-eight hour period immediately preceding the Subject Accident.

ANSWER:

INTERROGATORY NO. 24:

Describe any negative employment-related actions taken against you by your employer in connection with the Subject Accident.

ANSWER:



INTERROGATORY NO. 25:

Please state the number of citations you have received in connection with violations of 49 CRF Chapter III, Subtitle B, Part 395 - hours of service of drivers, since the date of the start of your performing driving services on your employer's behalf continuing up to either the date of your termination of driving services on your employer's behalf, if applicable, or present date.

ANSWER:

INTERROGATORY NO. 26:

Since the date of the Subject Accident, have you complained about any physical pain and suffering, or mental anguish to your employer or its compensation carrier? If so, please identify the date the complaint(s) first occurred, how many times you have complained of same, and state whether you have been given any time off from work in connection with said complaints.

ANSWER:

INTERROGATORY NO. 27:

Did you file for workers compensation in connection with the Subject Accident? If so, please state the date you went on workers compensation, the duration of workers compensation (if it is continuing, please so state), and when you are anticipated to return to work.

ANSWER:

REQUESTS FOR DISCLOSURE

Pursuant to TEXAS RULES OF CIVIL PROCEDURE, you are requested to disclose the information set out within §194.2, subsections (A) through (L).

REQUESTS FOR ADMISSIONS

REQUEST FOR ADMISSION NO. 1:

You have been sued by your correct name.

RESPONSE:

REQUEST FOR ADMISSION NO. 2:

You have been sued in the correct capacity.

RESPONSE:



REQUEST FOR ADMISSION NO. 3:

Venue is proper in the county in which the Petition was filed.

RESPONSE:

REQUEST FOR ADMISSION NO. 4:

This Court has proper jurisdiction for all matters brought to issue by the Petition.

RESPONSE:

REQUEST FOR ADMISSION NO. 5:

You had liability automobile insurance at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 6:

You were at least 50% at fault for the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 7:

You were 100% at fault for the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 8:

You were issued one or more citations in connection with the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 9:

You were issued a citation for causing the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 10:

You plead guilty to a citation for causing the Subject Accident.

RESPONSE:



REQUEST FOR ADMISSION NO. 11:

You have verbally admitted fault for causing the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 12:

You exceeded the speed limit within sixty seconds before the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 13:

You saw Plaintiff's vehicle prior to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 14:

You were aware of the location of Plaintiff's vehicle prior to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 15:

You were injured as a result of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 16:

You plan on seeking compensation for personal injuries and/or property damage arising from the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 17:

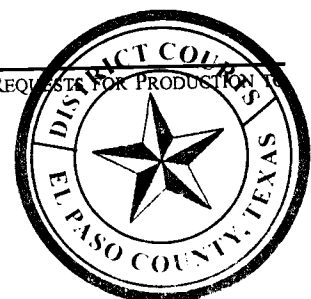
You are not asserting Plaintiff is at fault for the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 18:

You did not see Plaintiff's vehicle prior to the Subject Accident.

RESPONSE:



REQUEST FOR ADMISSION NO. 19:

You were using a cell phone at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 20:

You consumed prescription drugs within 24 hours before the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 21:

You consumed illegal drugs within 24 hours before the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 22:

Your driver's license has been suspended or revoked in any State prior to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 23:

You have been arrested or convicted of a DWI or DUI prior to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 24:

You have been at fault for causing an automobile accident prior to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 25:

The road conditions did not cause the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 26:

The Subject Accident did not occur as a result of a sudden emergency.

RESPONSE:



REQUEST FOR ADMISSION NO. 27:

You had a suspended drivers license at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 28:

You had a revoked drivers license at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 29:

You had permission to drive the vehicle you were driving at the time of the Subject Accident from the owner of the vehicle.

RESPONSE:

REQUEST FOR ADMISSION NO. 30:

You were acting within the course and scope of your employment at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 31:

You filed a workers compensation claim as a result of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 32:

You or your spouse owned a cell phone and/or were in possession of a cell phone at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 33:

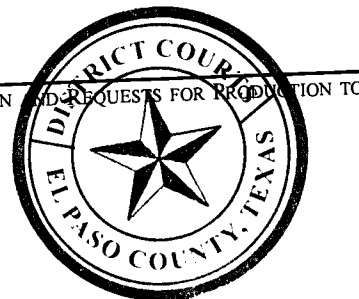
One of the passengers in the vehicle with you at the time of the Subject Accident was using a cell phone at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 34:

A cell phone was in use in your vehicle at the time of the Subject Accident.

RESPONSE:



REQUEST FOR ADMISSION NO. 35:

A cell phone was in the vehicle at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 36:

You were familiar with the area where the Subject Accident occurred.

RESPONSE:

REQUEST FOR ADMISSION NO. 37:

You were hauling goods or merchandise for your employer at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 38:

At the time of the Subject Accident, you were returning from a delivery for your employer at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 39:

Your employer at the time of the Subject Accident is a party to this lawsuit.

RESPONSE:

REQUEST FOR ADMISSION NO. 40:

You kept and maintained an hours of service records book at the time of the accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 41:

The hours of service records, in their original form at the time of the Subject Accident, contain no false information.

RESPONSE:

REQUEST FOR ADMISSION NO. 42:

Since the date of the Subject Accident, the hours of service records for the date of the Subject Accident have been altered.

RESPONSE:



REQUEST FOR ADMISSION NO. 43:

You were accompanied by a co-driver at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 44:

You have identified your co-driver in your response to Request for Disclosure §194.2(e)

RESPONSE:

REQUEST FOR ADMISSION NO. 45:

At the time of the Subject Accident, you were required by your employer to maintain hours of service records.

RESPONSE:

REQUEST FOR ADMISSION NO. 46:

You kept an hours of service record at the time of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 47:

You are in possession of the hours of service records for the date of the Subject Accident..

RESPONSE:

REQUEST FOR ADMISSION NO. 48:

You are or should be in possession of the hours of service records for the date of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 49:

The hours of service records for the date of the Subject Accident contains no false information.

RESPONSE:



REQUEST FOR ADMISSION NO. 50:

The hours of service records for the date of the Subject Accident contains entries that document violations of laws, company policies, rules, or regulations in relation to maximum driving time within a 24-hour period, maximum driving distance within a 24-hour period, or maximum time allowed to drive without rest.

RESPONSE:

REQUEST FOR ADMISSION NO. 51:

You caused the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 52:

The Subject Accident is documented in the hours of service records for the date of the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 53:

It is your contention you are at fault for the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 54:

You are in possession of documents that suggest you caused, or contributed to cause the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 55:

You and your employer have discussed the Subject Accident prior to litigation in this case.

RESPONSE:

REQUEST FOR ADMISSION NO. 56:

You had insurance under which you were a "covered person" at the time of the Subject Accident.

RESPONSE:



REQUEST FOR ADMISSION NO. 57:

You are periodically tested for alcohol in your system by your employer.

RESPONSE:

REQUEST FOR ADMISSION NO. 58:

You are periodically tested for illegal drugs in your system by your employer.

RESPONSE:

REQUEST FOR ADMISSION NO. 59:

You have failed one or more tests for the presence of alcohol since the time your employment began with your employer.

RESPONSE:

REQUEST FOR ADMISSION NO. 60:

You have failed one or more tests for the presence of illegal drugs since the time your employment began with your employer.

RESPONSE:

REQUEST FOR ADMISSION NO. 61:

You were tested for the presence of drugs and alcohol within 12 hours prior to or subsequent to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 62:

You were tested for the presence of drugs and alcohol within two days prior to or subsequent to the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 63:

You tested positive for the presence of alcohol or illegal drugs on the test immediately prior or subsequent to the Subject Accident.

RESPONSE:



REQUEST FOR ADMISSION NO. 64:

You complained of physical pain and/or mental anguish in connection with the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 65:

You were given time off of work to recover from injuries and/or mental anguish arising from the Subject Accident.

RESPONSE:

REQUEST FOR ADMISSION NO. 66:

Following the Subject Accident, your employment have been terminated voluntarily by you.

RESPONSE:

REQUEST FOR ADMISSION NO. 67:

Following the Subject Accident, your employment has been terminated by your employer.

RESPONSE:

REQUEST FOR ADMISSION NO. 68:

Your employer has policies, rules, or regulations that prohibit driving while under the influence of drugs and alcohol, prohibit driving while fatigued or asleep, prohibit driving for longer than a certain amount of time without a break, and prohibit driving for longer than a certain amount of time and more than a certain amount of miles in a 24-hour period.

RESPONSE:

REQUEST FOR ADMISSION NO. 69:

Your employer has written policies, rules, and regulations that prohibit driving while under the influence of drugs and alcohol, prohibit driving while fatigued or asleep, prohibit driving for longer than a certain amount of time without a break, and prohibit driving for longer than a certain amount of time and more than a certain amount of miles in a 24-hour period.

RESPONSE:



REQUEST FOR ADMISSION NO. 70:

You have violated your employer's policies, rules, or regulations that prohibit driving while under the influence of drugs and alcohol, prohibit driving while fatigued or asleep, prohibit driving for longer than a certain amount of time without a break, and prohibit driving for longer than a certain amount of time and more than a certain amount of miles in a 24-hour period, since the date of the start of your employment.

RESPONSE:

REQUEST FOR ADMISSION NO. 71:

You have reviewed Plaintiff's medical records and medical bills arising from the Subject Injuries.

RESPONSE:

REQUEST FOR ADMISSION NO. 72:

You are not contesting the cause of the Subject Injuries.

RESPONSE:

REQUESTS FOR PRODUCTION

REQUEST FOR PRODUCTION NO. 1:

True, correct, and complete photocopies of all Depositions upon Written Questions taken of any records custodian in connection with this lawsuit pursuant to Tex. R. Civ. P. Rule §200, together with any and all documents that were:

- (1) produced by the witness;
- (2) marked as exhibits to the deposition; or
- (3) provided to the witness by the deposition officer.

Please supplement your response to this request as necessary throughout the course of this lawsuit.

RESPONSE:

REQUEST FOR PRODUCTION NO. 2:

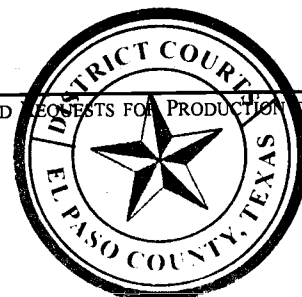
All photographs or video footage of Plaintiff.

RESPONSE:

REQUEST FOR PRODUCTION NO. 3:

Written notice of your intention to use any evidence of prior convictions of felonies or crimes of moral turpitude against Plaintiff or any person identified by Plaintiff as a person with knowledge of relevant facts or his expert witnesses.

RESPONSE:



REQUEST FOR PRODUCTION NO. 4:

All evidence of prior convictions of felonies or crimes of moral turpitude relating to Plaintiff or any person identified by Plaintiff as a person with knowledge of relevant facts or his expert witnesses.

RESPONSE:

REQUEST FOR PRODUCTION NO. 5:

The materials described by Tex. R. Civ. P. §192.3(e)(6) regarding any consulting experts of yours whose mental impressions or opinions have been or will be reviewed by any of your testifying experts in connection with this lawsuit.

RESPONSE:

REQUEST FOR PRODUCTION NO. 6:

Copy of the front and back of your driver's license.

RESPONSE:

REQUEST FOR PRODUCTION NO. 7:

Copy of the title to the vehicle that you were driving at the time of the Subject Accident.

RESPONSE:

REQUEST FOR PRODUCTION NO. 8:

Any and all photographs or videotapes you have of the vehicles, the parties involved in this case and the scene in question at the time of or following the collision.

RESPONSE:

REQUEST FOR PRODUCTION NO. 9:

A copy of any damage appraisal of your vehicle.

RESPONSE:



REQUEST FOR PRODUCTION NO. 10:

Any and all insurance agreement policies, whether basic, umbrella or excess, under which any person or entity carrying on an insurance business may be liable to satisfy part or all of a judgment that may be rendered in this action or to indemnify or reimburse for payments made to satisfy the judgment. If any of these policies is an aggregate limits policy, and claims applicable to the aggregate limit have been made, please attach copies of all correspondence relating to such claims, and, if payments have been made that are chargeable to the aggregate limit, please attach copies of all checks, drafts, or other instruments reflecting such payments, receipts reflecting such payment and any agreements, including releases, relating to such payments. Further, if any person carrying on an insurance business has reserved his/her/its rights relative to the incident giving rise to this case, please provide all correspondence relating to such reservation of rights.

RESPONSE:

REQUEST FOR PRODUCTION NO. 11:

Any photographs, video tapes, drawings, maps, diagrams, graphs, sketches or other graphic representations of the accident, the scene of the accident, the motor vehicles involved in the accident or of the Plaintiff.

RESPONSE:

REQUEST FOR PRODUCTION NO. 12:

Copies of any and all (oral, written, or transcribed) statements from any person with knowledge of relevant facts referenced in Plaintiff's Petition. This request includes any statements that would be exempt from discovery under the work product privilege. In lieu of producing documents you may claim to be covered by the attorney client privilege, you are hereby requested to submit same for incamera inspection.

RESPONSE:

REQUEST FOR PRODUCTION NO. 13:

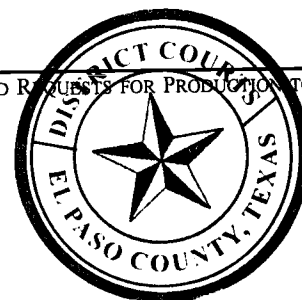
Copies of all reports created by a local, state, or federal governmental agency prepared in conjunction with or as a result of the Subject Accident.

RESPONSE:

REQUEST FOR PRODUCTION NO. 14:

A copy of any document that you will proffer as evidence at the trial of this case. This does not include rebuttal evidence, the use of which cannot be reasonably anticipated before trial.

RESPONSE:



REQUEST FOR PRODUCTION NO. 15:

Any and all photographs, videotapes or medical records of the Plaintiff indicating that the Subject Injuries were pre-existing, occurred after the Subject Accident, or were otherwise not the result of the Subject Accident.

RESPONSE:

REQUEST FOR PRODUCTION NO. 16:

Any and all local, state, or federal governmental agency document indicating that the Subject Injuries were pre-existing, occurred after the Subject Accident, or were otherwise not the result of the Subject Accident.

RESPONSE:

REQUEST FOR PRODUCTION NO. 17:

The cell phone records for the date of the accident, for any cell phone in your vehicle that would either tend to prove or tend to disprove that a cell phone was in use in your vehicle at the time of the accident. This request should not be construed as a request into the substance or subject matter of any communications.

RESPONSE:

REQUEST FOR PRODUCTION NO. 18:

Any documents you would introduce at trial to show that the Subject Accident occurred as a result of a sudden emergency.

RESPONSE:

REQUEST FOR PRODUCTION NO. 19:

Any and all photographs, videotapes or medical records of the Plaintiff indicating that the Subject Injuries do not exist.

RESPONSE:

REQUEST FOR PRODUCTION NO. 20:

Any and all local, state, or federal governmental agency document indicating the Subject Injuries do not exist.

RESPONSE:



REQUEST FOR PRODUCTION NO. 21:

A true and correct copy of the hours of service records for the month in which the Subject Accident occurred.

RESPONSE:

REQUEST FOR PRODUCTION NO. 22:

True and correct copies of any citations you have received within 5 years preceding the Subject Accident while performing in the course and scope of your employment with your employer at the time of the Subject Accident.

RESPONSE:

REQUEST FOR PRODUCTION NO. 23:

Complete and clearly readable copies of all trip or operational documents (refer to Definitions and Instructions) pertaining to the movement of cargo by you or your co-driver for the period of time beginning one month prior to the date of the Subject Accident and ending on the date of the Subject Accident.

RESPONSE:

REQUEST FOR PRODUCTION NO. 24:

Produce your DOT audits for the preceding two years and the audit for the year in which the subject accident occurred.

RESPONSE:

REQUEST FOR PRODUCTION NO. 25:

Produce your safety ratings for the preceding two years and the audit for the year in which the subject accident occurred.

RESPONSE:

REQUEST FOR PRODUCTION NO. 26:

Complete and clearly readable copies of your driver's personnel file (refer to Definitions and Instructions), or any otherwise titled files on you in reference to services performed for you by you, from initial contract or employment with you to the present date.

RESPONSE:



REQUEST FOR PRODUCTION NO. 27:

Complete and clearly readable copies of any state or FOMCSFO (refer to Definitions and Instructions) issued terminal audits, road equipment compliance inspections, driver compliance inspections, warnings of violations, or traffic citations issued in reference to the activities of you or your co-driver, by any city, county, state or federal agency or law enforcement official in your possession. This request specifically includes any documents issued by any governmental agency arising from the activities of you from the date of your initial employment to the present date.

RESPONSE:

REQUEST FOR PRODUCTION NO. 28:

Complete and clearly readable copies of all objects, photographs, drawings, reports, statements or otherwise described documents or objects in your possession in reference to the Subject Accident excluding only those written documents, materials and objects that can be clearly identified as the work product of the defendant's attorneys. This specifically includes any and all reports and written or electronically recorded statements made by any of the defendants to any other person, organization or governmental entity.

RESPONSE:

REQUEST FOR PRODUCTION NO. 29:

Complete and clearly readable copies of any and all accident files and records (refer to Definitions and Instructions) maintained by you or your employer in reference to any vehicular accident, or accident, prior to the occurrence of the Subject Accident wherein you or your co-driver or driver-trainer were involved.

RESPONSE:

REQUEST FOR PRODUCTION NO. 30:

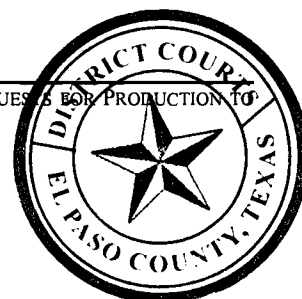
Complete and clearly readable copies of all hours of service records created by you or your co-driver, for the period of time beginning one month prior to the date of the Subject Accident and ending on the date of the Subject Accident, that are in your possession.

RESPONSE:

REQUEST FOR PRODUCTION NO. 31:

Complete and clearly readable copies of any and all notices, directives, bulletins, publications, or otherwise company-distributed manuals of any type relating to the day-to-day motor carrier operating and safety procedures given to you by your employer, to be followed by you, in existence and effective in your employer's company on the date of the Subject Accident.

RESPONSE:



REQUEST FOR PRODUCTION NO. 32:

Complete and clearly readable copies of any and all created electronic or satellite “vehicular movement recording” data or records created with QualComm, HighwayMaster, American Mobile Satellite Corp.’s devices, or such other similar technology, where such documents are indicative of the geographical locations of the truck, during the period of time beginning one month prior to the Subject Accident and ending on the date of the Subject Accident.

RESPONSE:

REQUEST FOR PRODUCTION NO. 33:

All documents reflecting or relating to written driving examinations taken by you.

RESPONSE:

REQUEST FOR PRODUCTION NO. 34:

Training videos or other materials used for the training of your company’s drivers within the last five (5) years.

RESPONSE:

REQUEST FOR PRODUCTION NO. 35:

Training videos or other material that was used during your training with your employer. If the responsive material is identical to the material that is responsive to the preceding request, please so state in your response.

RESPONSE:

REQUEST FOR PRODUCTION NO. 36:

Equipment-related documents for the tractor required by 49 C.F.R. Chapter III, Subtitle B, Part 376 for the last year.

RESPONSE:

REQUEST FOR PRODUCTION NO. 37:

All photographs, drawings, diagrams, records of measurements and other depictions and documents reflecting the scene of the occurrence in question and vehicles involved.

RESPONSE:



REQUEST FOR PRODUCTION NO. 38:

All reports, memos, correspondence, notes, telephone messages, voice mail recordings, e-mail, and other communications among or between you and other third parties from the time of the Subject Accident until the collection of specimens from you for alcohol and controlled substances testing, only to the extent such communications were concerning the condition, whereabouts, activities, testing and other circumstances concerning you. This request does not seek communications protected by the attorney-client privilege.

RESPONSE:

REQUEST FOR PRODUCTION NO. 39:

All documents reviewed, prepared, or otherwise utilized in connection with any internal analysis or investigation into the Subject Accident, only to the extent that the analysis was conducted pursuant to your internal safety policies (i.e., this request does not seek the results of investigations conducted by your attorney in preparation of litigation).

RESPONSE:

REQUEST FOR PRODUCTION NO. 40:

All documents reviewed, prepared, or otherwise utilized in connection with any internal analysis or investigation into the "vehicle cause and prevention" of all collisions involving your vehicles or drivers over the last ten (10) years.

RESPONSE:

REQUEST FOR PRODUCTION NO. 41:

All "maintenance files and records" for the tractor and trailer that was driven by you on the date of the Subject Accident, for the period from its original purchase or lease by you, regardless of from whom it was obtained, through the present.

RESPONSE:

REQUEST FOR PRODUCTION NO. 42:

All lease agreements, use agreements, employment agreements, or other agreements relating to the tractor, trailer or you.

RESPONSE:

REQUEST FOR PRODUCTION NO. 43:

The registration and title documents for the tractor and trailer.

RESPONSE:



REQUEST FOR PRODUCTION NO. 44:

All documents relating to the U.S. Department of Transportation surveys and audits conducted on, for, or against you or your employer for the last ten (10) years.

RESPONSE:

REQUEST FOR PRODUCTION NO. 45:

The tractor.

RESPONSE:

REQUEST FOR PRODUCTION NO. 46:

The trailer.

RESPONSE:

Respectfully Submitted,

JAMES KENNEDY, P.L.L.C.

6216 Gateway Blvd. East

El Paso, Texas 79905

(915) 544-5200

FAX (915) 532-2423

By: /s/ James Kennedy

JAMES B. KENNEDY, JR.

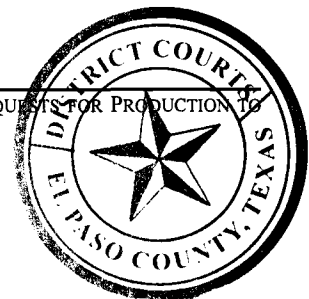
State Bar No.: 00791014

PLAINTIFF'S INTERROGATORIES, REQUESTS FOR DISCLOSURE, REQUESTS FOR ADMISSION AND REQUESTS FOR PRODUCTION TO
DEFENDANT TRIGO EXPRESS LLC
PAGE 29 OF 29

A TRUE COPY, I CERTIFY
NORMA FAVELA BARCELEAU
District Clerk

BY

Deputy



NOV 21 2017

**IN THE 327TH JUDICIAL DISTRICT COURT
EL PASO COUNTY, TEXAS**

DEFENDANTS.

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**CAUSE No.: 2017DCV0917**



this lawsuit occurred in El Paso County, Texas.

**FACTS**

1. On or about February 23, 2016, Defendant Nguyen Huu Nguyen while acting in the course and scope of his employment/agency/joint venture/joint enterprise/partnership with Defendant Trigo Express, LLC, negligently caused struck Plaintiff with an 18-wheeler tractor-trailer, which resulted in severe injuries and damages to Plaintiff (hereinafter "subject accident").
2. The negligence of Trigo Express LLC is alleged more fully below.
3. The subject accident was the proximate cause of the injuries and damages sustained by Plaintiff, which are set forth more fully below.

**CAUSE OF ACTION**

1. DEFENDANT NGUYEN HUU NGUYEN proximately caused the subject accident by ways including, but not limited to, the following when he:
  - (a) Failed to use the due care and caution of an ordinary and prudent person in the same or similar circumstances;
  - (b) Failed to take proper evasive action;
  - (c) Failed to keep a proper look-out;
  - (d) Moved the vehicle when it was clearly unsafe and dangerous to do so, which constitutes negligence *per se*, (V.T.C.A., Transp. Code §545.060); and
  - (e) Committed other negligent acts and omissions to be determined during the course of discovery.
2. The above referenced acts and omissions, whether taken singularly or in concert, constitute a direct and proximate cause of the injuries and damages sustained by Plaintiff. Furthermore, this conduct violates the Transportation Code of Texas as specified above,





which constitutes negligence *per se*.

3. Nguyen Huu Nguyen was operating his vehicle as an employee, agent, servant, partner, joint venture Defendant Trigo Express, LLC.

4. At the time of the subject incident, Nguyen Huu Nguyen was acting in the course and scope of his employment/agency/joint-venture/joint-enterprise/partnership with Defendant Trigo Express, LLC.

5. Alternatively, Nguyen Huu Nguyen was on a mission for Defendant Trigo Express LLC at the time of the subject incident.

6. Defendant Trigo Express, LLC is also individually liable for the negligent hiring, training, supervision, and retention of Nguyen Huu Nguyen. Under Texas law, claims of negligent hiring/training/supervision/retention are considered unique causes of action that are independent of the *respondeat superior* doctrine. *Dieter v. Baker Serv. Tools, A Div. of Baker Intern, Inc*, 7396 S.W.2d 405, 408 (Tex.App.-Corpus Christi 1987, writ denied).

7. Defendant Trigo Express LLC knowingly caused a motor vehicle to be operated by an unlicensed and unskilled driver, which violates Texas Transportation Code §521.458 and constitutes negligence which was a proximate cause of the occurrence in question.

8. The above-mentioned violation of the Texas Transportation Code also constitutes *negligence per se*.

9. Defendant Trigo Express, LLC negligently entrusted her vehicle to Nguyen Huu Nguyen after it knew, or should have known that Nguyen Huu Nguyen was an unlicensed, incompetent, and/or reckless driver, and Nguyen Huu Nguyen negligently and proximately caused the subject incident.

10. The above referenced acts and omissions, whether taken singularly or in concert, constitute a direct and proximate cause of the injuries and damages sustained by Plaintiff.

PLAINTIFF'S FIRST AMENDED PETITION





**DAMAGES**

1. As a direct and proximate result of the negligent acts as described above, PLAINTIFF MIGUEL MARES suffered:

- (a) Physical pain and suffering and mental anguish, past and future;
- (b) Physical impairment and disfigurement, past and future;
- (c) Reasonable and necessary medical expenses, past and future;
- (d) Lost wages and/or loss of wage earning capacity; and
- (e) Other damages;

2. PLAINTIFF MIGUEL MARES seeks compensation in whatever amount the Jury determines to be fair and reasonable based upon the evidence, and in an amount that is within the jurisdictional limits of this Court over \$200,000 but not more than \$1,000,000.

**JURY REQUEST**

Plaintiff requests a Trial by Jury on all issues as set forth herein above.

**REQUESTS FOR DISCLOSURE**

Pursuant to Rule 194, Defendants are requested to disclose within the time period set forth in Rule 194.3 the information or material described in Rule 194.2(a)-194.2(l).

**TRCP 193.7 NOTICE**

This paragraph serves as notice under Tex. R. Civ. P. 193.7 that documents produced in response to written discovery requests served by plaintiff will be used against the producing party in any pretrial proceeding and/or trial.

**PRAYER**

WHEREFORE, PREMISES CONSIDERED, Plaintiff respectfully requests that Defendant Nguyen Huu Nguyen and Trigo Express LLC, be cited to appear and answer, and that on final trial, judgment be entered against Defendant for all relief requested as follows:

PLAINTIFF'S FIRST AMENDED PETITION





1. Judgment against Defendant for actual damages in an amount that is within the jurisdictional limits of this Court over \$200,000 but not more than \$1,000,000;
2. Pre and post-judgment interest, as described by law, until paid;
3. Costs of suit;
4. Such other and further relief, general and special, at law or at equity, to which Plaintiff may be justly entitled.

Respectfully Submitted,

**JAMES KENNEDY, P.L.L.C.**  
6216 Gateway Blvd. East,  
El Paso, Texas 79905  
(915) 544-5200  
FAX (915) 532-2423

By: \_\_\_\_\_

**JAMES B. KENNEDY, JR.**  
State Bar No.: 00791014

**CERTIFICATE OF SERVICE**

I, James B. Kennedy, Jr., do hereby certify that a true and correct copy of the foregoing document was forwarded to Andres E. Almanzan at Mounce, Green, Myers, Safi, Paxson & Galatzan, PC, 100 North Stanton, Suite 1700, El Paso, TX 79901-1448 on this 15<sup>th</sup> day of November, 2017 via facsimile.

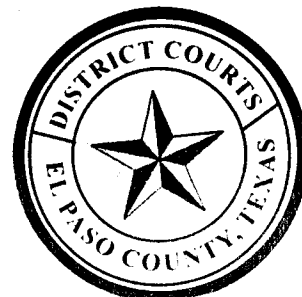
\_\_\_\_\_  
**JAMES B. KENNEDY, JR.**

PLAINTIFF'S FIRST AMENDED PETITION

A TRUE COPY, I CERTIFY  
**NORMA FAVELA BARCELEAU**  
District Clerk

BY *[Signature]* Deputy

NOV 21 2017





El Paso County - 327th District Court

Filed 11/8/2017 11:32 AM  
 Norma Favela Barceleau  
 District Clerk  
 El Paso County  
 2017DCV0917

IN THE 327<sup>th</sup> JUDICIAL DISTRICT COURT  
 OF EL PASO COUNTY, TEXAS

MIGUEL A. MARES,

Plaintiff,

v.

NGUYEN HUU NGUYEN and UTILITY  
 TRAILER MANUFACTURING COMPANY,

Defendants.

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Cause No. 2017DCV0917

**DEFENDANT NGUYEN HUU NGUYEN'S ORIGINAL ANSWER**

**TO THE HONORABLE DISTRICT COURT:**

COMES NOW, NGUYEN HUU NGUYEN, Co-Defendant herein ("**Defendant**"), and timely files this, his Original Answer in reply to the Original Petition filed by Plaintiff, Miguel A. Mares ("**Plaintiff**") in this cause and asserts as follows:

**I.**

**General Denial**

Pursuant to Rule 92 of the Texas Rules of Civil Procedure, this Defendant enters a General Denial Answer and places all of the matters pled by Plaintiff in this case in issue, demanding strict proof of all of Plaintiff's allegations made herein by a preponderance of the evidence as required by the Constitution and laws of the State of Texas.

**II.**

Defendant reserves the right to amend his Answer further, if necessary.

**WHEREFORE, PREMISES CONSIDERED,** Defendant, NGUYEN HUU NGUYEN prays to the Court that all relief requested by Plaintiff against him in this action be denied in its entirety, that Plaintiff take nothing by his claims asserted against this Defendant and that this





Defendant be allowed to go hence, without delay and with his costs taxed to Plaintiff and for such other and further relief, legal and equitable, general and special, to which Defendant is justly entitled.

Respectfully submitted,

**MOUNCE, GREEN, MYERS,  
SAFI, PAXSON & GALATZAN**  
A Professional Corporation  
P. O. Box 1977  
El Paso, Texas 79950-1977  
(915) 532-2000  
(915) 541-1597 (fax)  
[almanzan@mgmsg.com](mailto:almanzan@mgmsg.com)  
[perez@mgmsg.com](mailto:perez@mgmsg.com)

By: Andy Almanzan  
Andrés E. Almanzán  
State Bar No. 24001643

Attorneys for Defendant  
**NGUYEN HUU NGUYEN**

**CERTIFICATE OF SERVICE**

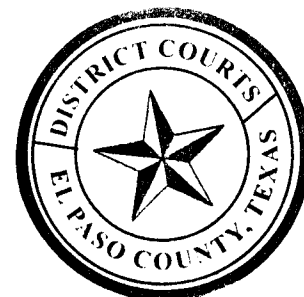
I, **Andrés E. Almanzán**, certify on this 8th day of November, 2017, the foregoing document was electronically filed with the Clerk of the Court using the electronic filing procedures action pursuant to the Court's Electronic Filing Procedures, which will electronically send notification of such filing to the following counsel of record at their respective e-mail addresses as follows: ([james@epinjury.com](mailto:james@epinjury.com)) James B. Kennedy, Jr., James Kennedy, P.L.L.C., 6216 Gateway Blvd., East, El Paso, Texas 79905, Attorneys for Plaintiff.

Andy Almanzan  
Andrés E. Almanzán

AALM/1331386

A TRUE COPY, I CERTIFY  
NORMA FAVELA BARCELEAU  
District Clerk  
BY Julia Sales Deputy  
Page 2

NOV 21 2017





IN THE DISTRICT COURT OF EL PASO COUNTY, TEXAS  
327<sup>TH</sup> JUDICIAL DISTRICT

FILED  
NORMA FAVELA BARCELEAU  
DISTRICT CLERK  
2017 AUG -8 AM 11:30  
BY *[Signature]*  
EL PASO COUNTY, TEXAS  
DEPUTY

MIGUEL A. MARES

vs

Cause No. 2017DCV0917

NGUYEN HUU NGUYEN

**ORDER SETTING HEARING**

The above reference case is **SET** as follows:

| Date       | Time     | Description    |
|------------|----------|----------------|
| 11/06/2017 | 10:45 AM | Status Hearing |

Dear Counsel:

The Court requires that counsel appear in person or that arrangements be made for local counsel to appear

**If you do not show to court on the day of your hearing this case will be Dismissed For Want of Prosecution or pursuant to the Court's inherent power.**

If the above reference case has already been settled, tried or dismissed, please notify my Court Coordinator (Estela Alarcon: (915) 546-2032) upon receipt of this order.

**PLEASE BE ADVISED:** By Standing Order in Civil Matters signed and entered by the Council of Judges, pursuant to the Texas Supreme Court Order mandating electronic filing of civil matters effective January 1, 2014: Parties shall provide a courtesy hard copy, MAILED, OR HAND-DELIVERED, to the court of motions, responses and pertinent supporting documents, no later than 7 working days before the hearing. Failure to comply with this order may result in cancellations of the hearing.

Signed on this the 7th day of August, 2017

*[Signature]*  
LINDA Y. CHEW, Judge

**IF YOU KNOW OF AN ATTORNEY INVOLVED IN THIS CASE AND NOT LISTED, PLEASE PROVIDE HIM/HER WITH A COPY OF THIS SETTING.**

Fax:  
JAMES B KENNEDY

915-532-2423

A TRUE COPY, I CERTIFY  
NORMA FAVELA BARCELEAU  
District Clerk  
BY *[Signature]* Deputy



NOV 21 2017



## TRANSMISSION VERIFICATION REPORT

TIME : 08/07/2017 12:48  
 NAME : 327DC  
 FAX : 9155462131  
 TEL : 9155462032  
 SER.# : 000G1N908712

|              |             |
|--------------|-------------|
| DATE, TIME   | 08/07 12:48 |
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| DURATION     | 00:00:22    |
| PAGE(S)      | 01          |
| RESULT       | OK          |
| MODE         | STANDARD    |
|              | ECM         |

IN THE DISTRICT COURT OF EL PASO COUNTY, TEXAS  
 327<sup>TH</sup> JUDICIAL DISTRICT

MIGUEL A. MARES

vs

Cause No. 2017DCV0917

NGUYEN HUU NGUYEN

**ORDER SETTING HEARING**The above reference case is **SET** as follows:

| Date       | Time     | Description    |
|------------|----------|----------------|
| 11/06/2017 | 10:45 AM | Status Hearing |

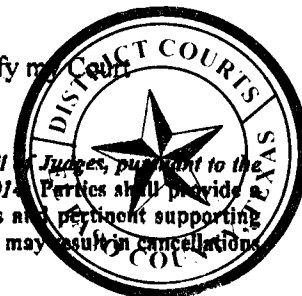
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IN THE DISTRICT COURT OF EL PASO COUNTY, TEXAS  
327<sup>TH</sup> JUDICIAL DISTRICT

MIGUEL A. MARES

VS

Cause No. 2017DCV0917

NGUYEN HUU NGUYEN; UTILITY  
TRAILER MANUFACTURING COMPANY

FILED  
NORMA FAVELA BARCELEAU  
DISTRICT CLERK  
2017 JUN 30 PM 3:14  
EL PASO COUNTY, TEXAS  
BY *[Signature]*  
DEPUTY

**ORDER SETTING HEARING**

The above reference case is **SET** as follows:

| Date       | Time     | Description    |
|------------|----------|----------------|
| 08/07/2017 | 10:30 AM | Status Hearing |

Dear Counsel:

The Court requires that counsel appear in person or that arrangements be made for local counsel to appear

**If you do not show to court on the day of your hearing this case will be Dismissed For Want of Prosecution or pursuant to the Court's inherent power.**

If the above reference case has already been settled, tried or dismissed, please notify my Court Coordinator (Estela Alarcon: (915) 546-2032) upon receipt of this order.

**PLEASE BE ADVISED:** *By Standing Order in Civil Matters signed and entered by the Council of Judges, pursuant to the Texas Supreme Court Order mandating electronic filing of civil matters effective January 1, 2014:* Parties shall provide a courtesy hard copy, **MAILED, OR HAND-DELIVERED**, to the court of motions, responses and pertinent supporting documents, no later than 7 working days before the hearing. Failure to comply with this order may result in cancellations of the hearing.

Signed on this the 28th day of June, 2017

*[Signature]*  
LINDA Y. CHEW, Judge

**IF YOU KNOW OF AN ATTORNEY INVOLVED IN THIS CASE AND NOT LISTED, PLEASE PROVIDE HIM/HER WITH A COPY OF THIS SETTING.**

Fax:  
JAMES B KENNEDY

915-532-2423

A TRUE COPY, I CERTIFY  
NORMA FAVELA BARCELEAU  
District Clerk  
BY *[Signature]* Deputy

NOV 21 2017





## TRANSMISSION VERIFICATION REPORT

TIME : 06/29/2017 14:56  
 NAME : 327DC  
 FAX : 9155462131  
 TEL : 9155462032  
 SER. # : 000G1N908712

|              |                 |
|--------------|-----------------|
| DATE, TIME   | 06/29 14:55     |
| FAX NO./NAME | 95322423        |
| DURATION     | 00:00:16        |
| PAGE(S)      | 01              |
| RESULT       | OK              |
| MODE         | STANDARD<br>ECM |

IN THE DISTRICT COURT OF EL PASO COUNTY, TEXAS  
 327<sup>TH</sup> JUDICIAL DISTRICT

MIGUEL A. MARES

VS

Cause No. 2017DCV0917

NGUYEN HUU NGUYEN; UTILITY  
 TRAILER MANUFACTURING COMPANY

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 documents, no later than 7 working days before the hearing. Failure to comply with this order may result in cancellations  
 of the hearing.









El Paso County - 327th District Court

Filed 6/27/2017 8:09 AM

Norma Favela Barceleau

District Clerk

El Paso County

2017DCV0917

**IN THE 327<sup>TH</sup> JUDICIAL DISTRICT COURT  
EL PASO COUNTY, TEXAS**

**MIGUEL A. MARES,**

**PLAINTIFF,**

**VS.**

**NGUYEN HUU NGUYEN AND UTILITY  
TRAILER MANUFACTURING COMPANY,**

**DEFENDANT.**

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**CAUSE No.: 2017DCV0917**

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**PLAINTIFF'S MOTION FOR NON-SUIT OF ALL CLAIMS WITHOUT PREJUDICE AGAINST  
DEFENDANT UTILITY TRAILER MANUFACTURING COMPANY**

---

PLAINTIFF MIGUEL A. MARES gives written notice of his non-suit of all claims without prejudice in all capacities in which he filed suit against DEFENDANT UTILITY TRAILER MANUFACTURING COMPANY. Plaintiff further requests the Court to sign an Order of Non-Suit on all his claims against DEFENDANT UTILITY TRAILER MANUFACTURING COMPANY.

WHEREFORE, PLAINTIFF MIGUEL A. MARES requests the Court to take notice of this non-suit and enter in an Order as requested above.

Respectfully Submitted,

**JAMES KENNEDY, P.L.L.C.**  
6216 Gateway Blvd. East  
El Paso, Texas 79905  
(915) 544-5200  
FAX (915) 532-2423

By: \_\_\_\_\_

**JAMES B. KENNEDY, JR.**  
State Bar No.: 00791014

A TRUE COPY, I CERTIFY  
NORMA FAVELA BARCELEAU  
District Clerk

BY \_\_\_\_\_ Deputy

NOV 21 2017





El Paso County - 327th District Court

Filed 4/10/2017 8:46:15 AM

Norma Favela Barceleau  
District Clerk  
El Paso County  
2017DCV0917

**IN THE 327TH JUDICIAL DISTRICT COURT  
EL PASO COUNTY, TEXAS**

**MIGUEL A. MARES,**

**PLAINTIFF,**

**NGUYEN HUU NGUYEN AND UTILITY  
TRAILER MANUFACTURING COMPANY,**

**DEFENDANT.**

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**CAUSE No.: 2017DCV0917**

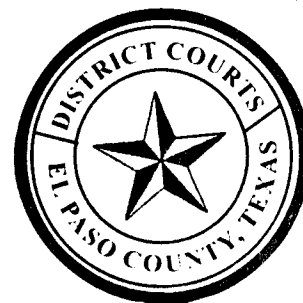
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**PLAINTIFF'S NOTICE OF FILING REDACTED MEDICAL RECORDS OF MIGUEL MARES  
FROM EL PASO DAY SURGERY**

---

TO THE HONORABLE JUDGE OF SAID COURT:

Now Comes MIGUEL MARES, Plaintiff, by and through his attorney of record, James B. Kennedy, Jr. of James Kennedy, P.L.L.C. at 6216 Gateway Blvd. East, El Paso, Texas 79905, and hereby file the attached affidavit of Medical Records from *El Paso Day Surgery* for use as evidence in this case. This affidavit is made by **Lizbeth Sotelo**, an employee of *El Paso Day Surgery*.





Respectfully Submitted,

**JAMES KENNEDY, P.L.L.C.**  
6216 Gateway Blvd. East  
El Paso, Texas 79905  
(915) 544-5200  
FAX (915) 532-2423

By: \_\_\_\_\_

**JAMES B. KENNEDY, JR.**  
State Bar: 00791014

A TRUE COPY, I CERTIFY  
**NORMA FAVELA BARCELEAU**  
District Clerk

BY \_\_\_\_\_

Deputy

NOV 21 2017





9155322423

JAMES KENNEDY PLLC

08:13:42 p.m. 11-11-2016

4/6

**AFFIDAVIT FOR MEDICAL RECORDS**  
**PURSUANT TO RULE 902(10)(b)**  
**OF THE TEXAS RULES OF EVIDENCE**

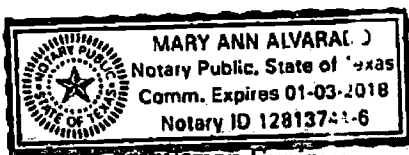
BEFORE ME, the undersigned on this day personally appeared Lizbeth Soto  
 who, after being by me dully sworn, upon oath said:

"My name is Lizbeth Soto I am of sound mind and capable of  
 making this affidavit.

"I am the custodian of the records for El Paso Day Surgery. Attached hereto are 80  
 page(s) of records regarding Miguel Mares. These said 80 page(s) are kept by El Paso Day  
 Surgery in the regular course of business and it was in the regular course of business of El Paso  
 Day Surgery for an employee or representative of El Paso Day Surgery with knowledge of the  
 act, event, condition, opinion, or diagnosis, recorded to make the record or to transmit  
 information thereof to be included in such record, and the record was made at or near the time or  
 reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the  
 original"

Lizbeth Soto  
 AFFIANT

SUBSCRIBED AND SWORN to, before me, on this the 9th day of Dec, 2016.



My Commission Expires:

1/3/2018

Mary Ann Alvarado  
 NOTARY in and for  
 the STATE of TEXAS





EL PASO DAY SURGERY  
1300 MURCHISON DR., SUITE 200  
EL PASO, TX 79902

**OPERATIVE REPORT**

**PATIENT NAME:** MARES, MIGUEL  
**DATE OF SURGERY:** 07/27/16  
**PATIENT MRN#:** 24427  
**DATE OF BIRTH:** [REDACTED]  
**PHYSICIAN:** Terren Klein, M.D.

**PREOPERATIVE DIAGNOSIS:** Torn right rotator cuff.

**POSTOPERATIVE DIAGNOSIS:** Torn right rotator cuff.

**PROCEDURE PERFORMED:** Repair of right rotator cuff tendon.

**ASSISTANT:** Alex Cordova, Certified First Assistant

**ANESTHESIA:** General endotracheal with interscalene block.

**ANESTHESIOLOGIST:** Helena V. Latiff, M.D.

**ESTIMATED BLOOD LOSS:** Less than 30 mL.

**COMPLICATIONS:** None.

**DISPOSITION:** The patient went to recovery room in stable condition.

**INDICATIONS FOR PROCEDURE:** This is a 59-year-old gentleman who injured his right shoulder on February 23, 2016, when he was setting up the spare tire on the back of trailer. He began having pain to the shoulder. The patient underwent therapy, injection, and medications; however, he is continued to experience pain. I explained to him the diagnosis, treatment plan, risks, benefits, potential complications, and alternatives of the surgery as well as risks and benefits of alternatives. After all questions were answered, informed consent was obtained.

**DESCRIPTION OF PROCEDURE:** The patient came to the operating room and received 1 gram of Ancef IV and underwent interscalene block and underwent general anesthesia. The right shoulder and upper extremity was sterilely scrubbed and draped in the usual manner. An incision was made along the anterior aspect of the shoulder. Dissection through the skin and subcutaneous tissue was carried out. The deltoid muscle was split from the anterior acromion distally about 4 cm. Under this, the acromion was noted to be significantly thickened down sloping and impinging upon the underneath tendon and acromioplasty was performed flattening off the underneath aspect and removing any body debris. Saline was used to flush out the joint. There was noted to be tearing of the tendon from the greater tuberosity with no retraction. The edges were debrided. A rasp was used to roughen up the bone bed and then one bioabsorbable interference screw was placed into the bone and then, the tendon was tied back into the bone. Excellent repair was achieved. The shoulder had great range of motion with no impingement.

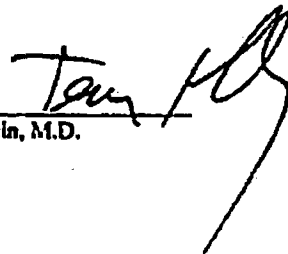
TK/SN/cordova/05/757-19404799  
D: 07/27/16 08:33 A CST  
T: 07/28/16 09:13 A CST





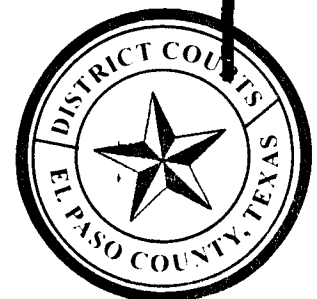
RE: MARES, MIGUEL  
OPERATIVE REPORT  
PAGE 2

The deltoid muscle was then repaired with drill holes into the acromion and then, the wound was closed in layers. The patient was awoken and brought to the recovery room in stable condition. At which time, the family was informed of the intraoperative events. He was placed in a shoulder brace.

  
Terren Klein, M.D.

TX/SN/andover055/F57-19404799  
D: 07/27/16 08:33 A CST  
T: 07/28/16 09:13 A CST

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : ██████████ Gender : Male  
Physician : KLEIN, TERREN Section OpRpt Page 2





## El Paso Day Surgery, LLC

## Order Sheet for Controlled Substances

Date: 7/27/16 OR# 2

NAME: MARES, MIGUEL A

ACT#: 24427

DOB: [REDACTED] AGE: 59

DR: KLEIN, TERREN D MD

DOS: 07/27/16

| Medications                            | RX#1<br>Time: <u>07 06 30</u>                                                                      |            | RX#2<br>Time:                                                                                      |           | Time:                                                                                           |              |              |
|----------------------------------------|----------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------|--------------|--------------|
|                                        | Ordered                                                                                            | Delivered  | Ordered                                                                                            | Delivered | Returned                                                                                        | Used         | Wasted       |
| Alfenta<br>1000mcg / 2ml               |                                                                                                    |            |                                                                                                    |           |                                                                                                 |              |              |
| Alfenta<br>500 mcg / 5ml               |                                                                                                    |            |                                                                                                    |           |                                                                                                 |              |              |
| Cocaine 4% / 4ml                       |                                                                                                    |            |                                                                                                    |           |                                                                                                 |              |              |
| Diazepam<br>10mg/2ml<br>(Valium)       |                                                                                                    |            |                                                                                                    |           |                                                                                                 |              |              |
| Hydromorphone<br>2mg/ml<br>(Dilaudid)  | <u>2mg</u>                                                                                         | <u>2mg</u> |                                                                                                    |           |                                                                                                 | <u>0.5mg</u> | <u>1.5mg</u> |
| Duramorph<br>10mg/10ml                 |                                                                                                    |            |                                                                                                    |           |                                                                                                 |              |              |
| Fentanyl 100<br>mcg/ml<br>(Sublimaze)  |                                                                                                    |            |                                                                                                    |           |                                                                                                 |              |              |
| Fentanyl<br>250mcg/5ml<br>(Sublimaze)  | <u>5ml</u>                                                                                         | <u>5ml</u> |                                                                                                    |           |                                                                                                 | <u>3ml</u>   | <u>2ml</u>   |
| Meperidine 25mg<br>(Demerol)           |                                                                                                    |            |                                                                                                    |           |                                                                                                 |              |              |
| Meperidine<br>50mg (Demerol)           |                                                                                                    |            |                                                                                                    |           |                                                                                                 |              |              |
| Meperidine<br>100mg (Demerol)          |                                                                                                    |            |                                                                                                    |           |                                                                                                 |              |              |
| Midazolam 2mg/2<br>ml                  | <u>2mg</u>                                                                                         | <u>2mg</u> |                                                                                                    |           |                                                                                                 | <u>2mg</u>   |              |
| Midazolam<br>5mg/ml                    |                                                                                                    |            |                                                                                                    |           |                                                                                                 |              |              |
| Midazolam<br>10mg/ml                   |                                                                                                    |            |                                                                                                    |           |                                                                                                 |              |              |
| Morphine 2mg                           |                                                                                                    |            |                                                                                                    |           |                                                                                                 |              |              |
| Morphine 4mg                           |                                                                                                    |            |                                                                                                    |           |                                                                                                 |              |              |
| Morphine 10 mg                         |                                                                                                    |            |                                                                                                    |           |                                                                                                 |              |              |
| Sufentanil<br>100 mcg/2ml<br>(Sufenta) |                                                                                                    |            |                                                                                                    |           |                                                                                                 |              |              |
| Thiopental<br>500 mg/ 20ml             |                                                                                                    |            |                                                                                                    |           |                                                                                                 |              |              |
|                                        | Signature required<br>attesting to ordering and<br>delivering<br>MD/CRNA<br><u>Miguel Mares MD</u> |            | Signature required<br>attesting to ordering<br>and delivering<br>MD/CRNA<br><u>Miguel Mares MD</u> |           | Signature required attesting<br>to ordering and delivering<br>MD/CRNA<br><u>Miguel Mares MD</u> |              |              |
|                                        | Nurse<br><u>R. [Signature]</u>                                                                     |            | Nurse                                                                                              |           | Nurse<br><u>R. [Signature]</u>                                                                  |              |              |

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : [REDACTED] Gender : Male  
 Physician : KLEIN, TERREN Section Scanned Doc Page 1





# MEDVANTAGE

Ph: (888) 412-8087 • Fax: (888) 522-0355

MedVantage • 1733 South 1100 East • Salt Lake City, UT 84105

## PATIENT DIRECT AGREEMENT DVT PREVENTION SYSTEM

PLEASE COMPLETE ALL ITEMS IN YELLOW

### Letter of Medical Necessity / Assignment of Benefits

Items Provided to Patient by MedVantage for: Intermittent Pneumatic Compression Device and All Accessories

NAME: MARES, MIGUEL A

ACT#: 24427

DOB: 03/03/1957

AGE: 59

DR: KLEIN, TERREN D MD

DOS: 07/27/16

ITEM# 11  
\$73050

7 VENA FLOW ELITE FOAM CALF CUFF

NOT MADE WITH NATURAL RUBBER LATEX

cker or  
for Here.

### 1) Assignment of Benefits (AOB) and Authorization to Release Information

I understand that signing this form authorizes MedVantage or its agents (BA) to submit claims directly on my behalf to my insurance company or other health or medical plan. I also understand that signing this form assigns to MedVantage (BA) my right to payment of any and all benefits or medical benefits for the items described above. This means MedVantage (BA) will receive direct payment for these items. I understand that signing this form authorizes MedVantage (BA) to acquire from the surgery center, and to release to my insurance company and any other claim, I understand that after my surgery I will receive an Explanation of Benefits (EOB) document from my health insurance company which explains how the insurance company processed a claim for products or services by MedVantage (BA). Further, I understand that the EOB is not a bill or invoice, and I have read and understand the information on the back of this form. I agree should I have questions regarding the applicable EOB that I am to call MedVantage (BA) and not the surgery center or physician for information. If I receive a check from my insurance carrier for this service, I agree to endorse and hand over to MedVantage or its designated office at 1733 South 1100 East Suite 201 Salt Lake City, UT 84105.

X *Miguel A. Mares*  
Signature of Patient / Responsible Person Representative

7/27/16  
Date

#### 1 Point Risk Factors

- ☐ Age 41-60 years
- ☐ Minor Surgery (less than 45 minutes)
- ☐ History of prior Major Surgery
- ☐ Varicose Veins
- ☐ History of inflammatory bowel disease
- ☐ Swollen legs (tumor)
- ☐ Obesity (BMI > 25)
- ☐ Acute Myocardial Infarction (<1 month)
- ☐ Congestive Heart Failure (<1 month)
- ☐ Sepsis (<1 month)
- ☐ Serious lung disease, including Pneumonia (<1 month)
- ☐ Abnormal Pulmonary Function (COPD)
- ☐ Medical patient currently at bed rest
- ☐ Leg Plaster Cast or Brace
- ☐ Use of Tourniquet
- ☐ General Anesthesia (>30 minutes)
- ☐ Oral Contraceptive or Hormone Replacement Therapy
- ☐ Pregnancy or Postpartum (<1 month)
- ☐ History of unexplained sudden infant, recurrent spontaneous abortion (<3), premature birth with ischemia or growth restricted infant

#### 2 Point Risk Factors

- ☐ Age 61-74 years
- ☐ Major Surgery (>45 minutes)
- ☐ Arthroscopic Surgery
- ☐ Laparoscopic Surgery (>45 minutes)
- ☐ Previous Malignancy
- ☐ Central Venous Access
- ☐ Morbid Obesity (BMI > 40)

#### 3 Point Risk Factors

- ☐ Age 75 years and over
- ☐ Major Surgery lasting 2-3 hours
- ☐ BMI > 50 (Morbid Obesity Syndrome)
- ☐ History of SVT, DVT/PE
- ☐ Family History of DVT/PE
- ☐ Present Cancer or Chemotherapy
- ☐ Positive Factor V Leiden
- ☐ Positive Prothrombin 20210A
- ☐ Elevated Serum Homocysteine
- ☐ Positive Lupus Anticoagulant
- ☐ Elevated Anticardiolipin Antibodies
- ☐ Heparin-induced Thrombocytopenia (HIT)
- ☐ Other Thrombophilia

#### 4 Point Risk Factors

- ☐ Elective Major Lower Extremity Arthroplasty
- ☐ Hip, Pelvis or Fracture (<1 month)
- ☐ Stroke (<1 month)
- ☐ Multiple Trauma
- ☐ Acute Spinal Cord Injury (Paralysis) (<1 month)
- ☐ Major Surgery lasting over 3 hours

#### Surgical Risk Factors

- ☐ Revision Surgery
- ☐ Extensive Surgical Dissection
- ☐ Previous Major Bleeding
- ☐ Difficult-to-Control Bleeding During Current Operative Procedure

#### TOTAL RISK FACTOR SCORE:

- ☒ High Risk 3+ Points
- ☐ Moderate Risk 2 Points

Length of Need: 1 (Unit)

Due to this patient's risk for developing deep vein thrombosis, I am prescribing mechanical DVT prophylaxis because of the following:

- ☐ My patient has been prescribed antibiotics, NSAIDs or other medication documented by pharmaceutical manufacturers to have contraindications with anticoagulants, causing major interactions including but not limited to allergic skin reactions and excess bleeding.
- ☒ My patient has been prescribed mechanical prophylaxis AND anticoagulants because of their level of risk.

American Journal of Medicine, Feb. 2012; Allergy 2006 Dec; 61 (12) 1432-40; Cochrane Database of Systematic Reviews 2008, Issue 4; Epocrates.com

#### Please Write ICD-10 Codes Here:

### 2) Letter of Medical Necessity / Physician Order

Deep Vein Thrombosis (DVT) is a significant risk factor for patients undergoing surgery and immobilized patients. Prevention of DVT is more effective than treatment and an important aspect of patient care. During and after surgery, I have assessed this patient's risk of developing DVT due to age, type of surgery, prior and family medical history, and other documented factors that may increase the risk of DVT. My assessment indicates the use of mechanical DVT prophylaxis by pneumatic compression device and graduated pressure pneumatic stockings. It is my opinion this is medically necessary and reasonable in accordance with accepted standards of practice and appropriate treatment of this patient.

X *T. Klein*  
Physician Signature (PRINT NAME OF PHYSICIAN OR PROVIDER IN ALL CAPS, Please do not sign)

Printed Name / NPI

Top Copy: MedVantage - Second Copy: Surgery Center - Bottom Copy: Patient

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: 03/03/1957 Gender: Male  
Physician: KLEIN, TERREN Section Scanned Doc Page 2





# El Paso Day Surgery, LLC Physician Admit Orders

MIGUEL MARES, MIGUEL A  
DOB: 24427  
DOB: [REDACTED] SEX: M  
KLEIN, TERREN D MD  
07/27/16

Allergies: N/A

1. Admit to El Paso Day Surgery
2. Diagnosis: Supraspinatus Tendon Tear Right Shoulder
3. Obtain Permit: Right Shoulder Rotator Cuff Repair

4. Lab work and diagnostic tests: ☒ N/A

☐ EKG

☐ ACCUCHECK

☐ PREGNANCY TEST

5. IV Fluids: ☐ N/A

☒ Lactated ringers 1000 ml

☐ Bolus of Lactated Ringers 1000 ml/2000 ml

☐ Lactated ringers 500 ml

☐ D5LR 1000 ml

☐ Normal Saline 500 ml

☐ D51/2 Normal Saline 1000 ml

☐ Heparin

6. Lab Work results: ☐ N/A

☒ In Chart

7. Medications: ☒ N/A

☐ Ancef 1 g IVPB

☐ Mefoxin 1 g IVPB

☐ Clindamycin 600 mg IVPB

☐ Ancef 2 g IVPB

☐ Mefoxin 2 g IVPB

☐ Clindamycin 900 mg IVPB

☐ Cipro 400 mg IVPB

☐ Afrin nasal 2 sprays each nostril x1

☐ Mydracil 1%, Phenylephrine 2.5%, Cyclopentolate 1% 1 eye drop q 5 minutes x3.

MD Signature: [Signature]

Date: 7-27-16

Time: 1630

Give Vered \_\_\_\_\_ mg po in preop (Dosage 0.5mg/kg po max of 10 mg) ☐ N/A

V.O. \_\_\_\_\_

CRNA/MD

MD/CRNA Signature \_\_\_\_\_

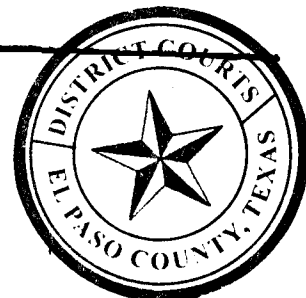
Date: \_\_\_\_\_

Time: \_\_\_\_\_

Noted by RN: [Signature]

Date: 7/27/16

Time: 1630





History and Physical

Patient Name: Miguel Mares  
 Patient ID: 6013  
 Sex: Male  
 Birthdate: March 3, 1957

Create Date: July 27, 2016

Chief Complaint

- Right shoulder pain

History Of Present IllnessHISTORY AND PHYSICAL

This is a/an 59 year old Caucasian/White, Hispanic or Latino male who comes in complaining of a full rotator cuff tear of the right shoulder. The patient continues to complain of pain, is awakened at night, and pain with lifting. The patient has been through physical therapy, NSAIDS, pain medication, and steroid injections, however symptoms persist. Please refer to my clinic notes for further detail. This patient's condition originated from trauma, not work related 2-23-16 ago. He is admitted for rotator cuff repair.

Past Medical History

| Disease Name                                        | Date Onset | Notes |
|-----------------------------------------------------|------------|-------|
| * No Significant Past Medical Hx                    | --         | --    |
| Lateral tear of shoulder, left, initial encounter   | 05/23/2016 | --    |
| Lateral tear of shoulder, right, initial encounter  | 05/04/2016 | --    |
| Pain of both shoulder joints                        | 05/04/2016 | --    |
| Shoulder strain, left, initial encounter            | 05/04/2016 | --    |
| Supraspinatus tendon tear, right, initial encounter | 05/04/2016 | --    |

Past Surgical History

| Procedure Name            | Date | Notes |
|---------------------------|------|-------|
| *No Past Surgical History | --   | --    |

Medication List

| Name                        | Date Started | Instructions                                                               |
|-----------------------------|--------------|----------------------------------------------------------------------------|
| Naprosyn 500 mg oral tablet | 05/06/2016   | Take 1 tablet (500 mg) by oral route 2 times per day with food for 30 days |

Allergy List

| Allergen Name           | Date | Reaction | Notes |
|-------------------------|------|----------|-------|
| NO KNOWN DRUG ALLERGIES | --   | --       | --    |

Family Medical History

| Disease Name                     | Relative/Age | Notes |
|----------------------------------|--------------|-------|
| *No Known Family Medical History | /            | --    |

Social History

| Finding        | Status | Start/Stop | Quantity | Notes |
|----------------|--------|------------|----------|-------|
| Does not drink | --     | --/--      | --       | --    |
| Does not smoke | --     | --/--      | --       | --    |

Review of Systems

Constitutional  
 o Denies : fever, weight loss, weight gain  
Eyes  
 o Denies : impaired vision, changes in vision  
HEENT

NAME: MARES, MIGUEL A  
 AKA: 24427  
 DOB: 03/03/1957  
 RA: KLEIN, TERREN D MD  
 DOS: 07/27/16

{Digital Signature: Vahid}

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : [REDACTED] Gender : Male  
 Physician: KLEIN, TERREN Section: Scanned Doc Page 4





**Cardiovascular**

- o Denies : chest pain, irregular heart beats

**Respiratory**

- o Denies : shortness of breath, cough

**Gastrointestinal**

- o Denies : abdominal pain, blood in stools

**Genitourinary**

- o Denies : dysuria, hematuria

**Integument**

- o Denies : rash, pigmentation changes

**Neurologic**

- o Denies : muscular weakness, incoordination, loss of balance

**Musculoskeletal**

- o Denies : additional symptoms except as noted in the HPI

**Endocrine**

- o Denies : cold intolerance, heat intolerance

**Heme-Lymph**

- o Denies : easy bleeding, easy bruising, lymph node enlargement or tenderness

**Allergic-Immunologic**

- o Denies : frequent illnesses

**Physical Examination**

**Constitutional**

- o Appearance : well developed, well-nourished, well-groomed, body habitus normal

**Head and Face**

- o Inspection : atraumatic, normocephalic

**Eyes**

- o Pupils and Irises : pupils equally round and respond to light

**Ears, Nose, Mouth and Throat**

- o Ears : grossly normal

- o Nose : grossly normal

- o Throat : grossly normal

**Respiratory**

- o Auscultation of Lungs : lungs clear to auscultation

**Cardiovascular**

- o Heart : regular rate and rhythm

**Gastrointestinal**

- o Abdominal Examination : abdomen soft, nontender

**Right Upper Extremity**

- o Shoulder :

- Inspection/Palpation : tenderness to lateral deltoid and anterior acromion, neurovascularly intact distally
- Range of Motion : painful arc of motion, decreased motion
- Strength : mild decreased strength

**Neurological/Psychiatric**

- o Orientation : patient is alert and oriented

**Assessment**

- Shoulder strain, left, initial encounter 840.9/946.912A
- Supraspinatus tendon tear, right, initial encounter 840.6/946.811A

**Plan**

**Instructions**

- o Due to the persistence of symptoms and failure of conservative treatment, the patient has elected to undergo a rotator cuff repair.
- o I discussed with the patient the risks and benefits of the procedure. The risks include but are not limited to bleeding, pain, infection, damage to tendons, nerves, and arteries, DVT, persistence of same condition, and need for further surgery. All questions have been answered and informed consent has been obtained.

NAME: MARES, MIGUEL A

ACT#: 24427

DOB: [REDACTED] AGE: 59

PH: KLEIN, TERREN D MD

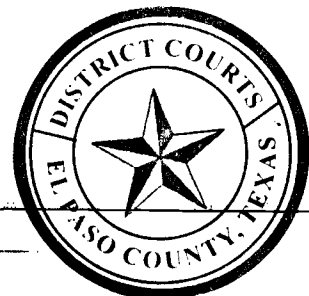
DOS: 07/27/16

atedi

Cardiologist

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male

Physician: KLEIN, TERREN Section Scanned Doc Page 5



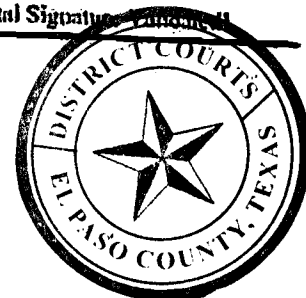


1/16  
7-27-16  
0630

NAME: MARES, MIGUEL A  
ACT#: 24427  
DOB: [REDACTED] AGE: 59  
DR: KLEIN, TERREN D MD  
DOB: 07/27/16

[Digital Signature: Miguel A Mares]

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : [REDACTED] Gender : Male  
Physician : KLEIN, TERREN Section Scanned Doc Page 6





06/23/2016 12:03:28 Text Health Page 2 of 2

6013

## The Hospitals of Providence Memorial Campus

2001 H. Oregon Street  
El Paso, TX 79902-3320

Diagnostic Imaging Department

Phone (915) 577-8701 Fax (915) 577-7608

Patient Name MARES, MIGUEL A

DOB/Age/Sex. [REDACTED] 59 years Male

MRN 01242596

Acct # 064750027

Encounter Type: 2 - Outpatient

Location PRV-AR

## Diagnostic Radiology

Accession #  
J50XK-16-037389Exam Date/Time  
6/23/2016 11:45 AMTProcedure  
AP Chest 2 ViewsOrdering Physician  
KLEIN, TERREN D MD

## Report

Duration: 5 min

Chest Radiograph 2 views

Demographics DOB [REDACTED] 59 years old Male

History: STRAIN OF OTHER MUSCLES, FASCIA AND TENDONS AT SHOULDER AND UPPER ARM LEVEL RT ARM  
INITIAL ENCOUNTER

Comparison: None.

Limitations: The sensitivity of the radiographs is much less compared to CT of the thorax for detection of lung nodules and early lung cancers. If there is a concern of lung nodule, lung cancer or metastasis, then a CT of the thorax is the recommended test.

Guidelines for smokers: The US Preventative Task Force recommends annual screening for lung cancer with low-dose computed tomography in adults age 55-80 years old, who have a 30 pack year smoking history and currently smoke or have stopped within the last 15 years.

## Findings

Lungs/mediastinum: Clear lungs. No pleural effusion. No pneumothorax.

Heart: Normal heart size.

Bones: No acute bony changes. Degenerative changes affect the spine.

Miscellaneous: No acute findings in the visualized upper abdomen.

Impression

No acute findings

Final Report

Dictated: 06/23/2016 12:01

Dictated By: PRASAD M.D., SHASHANK S.

Electronic Signature: 06/23/2016 12:01 pm Signed By: PRASAD M.D., SHASHANK S.

Transmitted: 06/23/2016 12:02 pm

Attending  
Consulting

KLEIN, TERREN D

PATIENT: MARES, MIGUEL A  
R# 24427

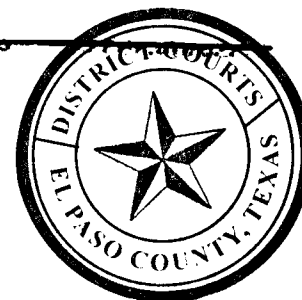
DOB: [REDACTED] AGE: 59

MD: KLEIN, TERREN D MD

DOB: 07/27/16

Page 1 of 1

06/23/2016 12:03:28 Text Health Page 2 of 2



Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male  
Physician: KLEIN, TERREN Section Scanned Doc Page 7



## The Hospitals of Providence Memorial Campus

2001 E Oregon Street El Paso, TX 79902-3320  
 Clinical Laboratory Phone (915) 577-7300/7302 Fax (915) 577-7340  
 Medical Director(s) Arturo Vargas, MD

Patient Name: MARES, MIGUEL A  
 DOB/Age/Sex: [REDACTED] 59 years Male  
 MRN: 0124296  
 Acct #: 064750327

Encounter Type: 2 - Outpatient  
 Location: PRV-XR

## Chemistry

## Routine Chemistry

Collected Date/Time  
 6/23/2016 12:15 MDT

Specimen Type  
 Serum

| Procedure          | Result | Units         | Reference Range | Verified Date/Time  |
|--------------------|--------|---------------|-----------------|---------------------|
| Sodium Lvl         | 139    | mmol/L        | (135-145)       | 6/23/2016 14:39 MDT |
| Potassium Lvl      | 4.0    | mmol/L        | (3.5-5.3)       | 6/23/2016 14:39 MDT |
| Chloride Lvl       | 100    | mmol/L        | (98-110)        | 6/23/2016 14:39 MDT |
| CO2                | 27     | mmol/L        | (21-31)         | 6/23/2016 14:39 MDT |
| AGAP               | 16     | mmol/L        | (11-18)         | 6/23/2016 14:39 MDT |
| Calcium Lvl        | 9.4    | mg/dL         | (8.5-10.5)      | 6/23/2016 14:39 MDT |
| BUN                | 11     | mg/dL         | (6-20)          | 6/23/2016 14:39 MDT |
| Creatinine Lvl     | 0.82   | mg/dL         | (0.30-1.20)     | 6/23/2016 14:39 MDT |
| BUN/Creat          | 13.4   | mg/dL         | (10.0-30.0)     | 6/23/2016 14:39 MDT |
| GFR African Am     | 118    | mL/min/1.73m2 | (≥60)           | 6/23/2016 14:39 MDT |
| GFR Non African Am | 96     | mL/min/1.73m2 | (≥60)           | 6/23/2016 14:39 MDT |
| Glucose Level      | 62     | mg/dL         | (70-110)        | 6/23/2016 14:39 MDT |

Legend: A = Abnormal, H = High, L = Low, I = Critical, f = footnote, r = reference, c = corrected, i = interpretation

Ordering: n/a

Admitting: KLEIN, M. TERREN D  
 Consulting:

Report Request ID: 52422330  
 Printed: 6/23/2016 17:28 CDT  
 Copy to: KLEIN, M. TERREN D

Page 1 of 1

NAME: MARES, MIGUEL A  
 AKA: 24427  
 DOB: [REDACTED] AGE: 59  
 DR: KLEIN, TERREN D MD  
 DO: 07/27/16

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male  
 Physician: KLEIN, TERREN Section Scanned Doc Page 8





## The Hospitals of Providence Memorial Campus

2001 N. Oregon Street El Paso, TX 79902-3320  
 Clinical Laboratory Phone (915) 577-7301/7307 Fax (915) 577-7342  
 Medical Director(s) Arturo Vargas, MD

Patient Name: MARES, MIGUEL A  
 DOB/Age/Sex: [REDACTED] 59 years Male  
 MRN: 01242996  
 Acct #: 084750827

Encounter Type 2 - Outpatient  
 Location PRU-XR

## Hematology

## CBC

Collected Date/Time  
 6/23/2016 12:15 MDT

Specimen Type  
 Blood

| Procedure      | Result | Units    | Reference Range | Verified Date/Time  |
|----------------|--------|----------|-----------------|---------------------|
| WBC            | 10.58  |          | [4.50-11.00]    | 6/23/2016 15:03 CDT |
| RBC            | 5.08   | 10e3/mm3 | [4.20-5.40]     | 6/23/2016 15:03 CDT |
| Hgb            | 15.7   | 10e6/mm3 | [13.0-16.0]     | 6/23/2016 15:03 CDT |
| Hct            | 45.3   | %        | [37.0-52.0]     | 6/23/2016 15:03 CDT |
| MCV            | 69.2   | fL       | [82.0-95.0]     | 6/23/2016 15:03 CDT |
| MCH            | 30.8   | pg       | [27.0-31.0]     | 6/23/2016 15:03 CDT |
| MCHC           | 34.7   | g/dL     | [32.0-36.0]     | 6/23/2016 15:03 CDT |
| RDWCV          | 14.3   | %        | [11.6-14.4]     | 6/23/2016 15:03 CDT |
| RDWSD          | 46.6   | fL       | [35.1-43.8]     | 6/23/2016 15:03 CDT |
| Platelet Count | 256    | 10e3/mm3 | [130-400]       | 6/23/2016 15:03 CDT |
| MPV            | 10.3   | fL       | [7.0-11.0]      | 6/23/2016 15:03 CDT |
| NRBC Auto Abs  | 0.00   | %        | [0.00-0.01]     | 6/23/2016 15:03 CDT |
| IRBC Auto Rel  | 0.0    | %        |                 | 6/23/2016 15:03 CDT |

## Automated Differential

Collected Date/Time  
 6/23/2016 12:15 MDT

Specimen Type  
 Blood

| Procedure      | Result | Units    | Reference Range | Verified Date/Time  |
|----------------|--------|----------|-----------------|---------------------|
| Neutrophil Rel | 77.3   | %        |                 | 6/23/2016 15:03 CDT |
| Lymphocyte Rel | 13.8   | %        |                 | 6/23/2016 15:03 CDT |
| Monocyte Rel   | 6.0    | %        |                 | 6/23/2016 15:03 CDT |
| Eosinophil Rel | 1.8    | %        |                 | 6/23/2016 15:03 CDT |
| Basophil Rel   | 0.5    | %        |                 | 6/23/2016 15:03 CDT |
| Imm Gran Rel   | 0.6    | %        |                 | 6/23/2016 15:03 CDT |
| Neutrophil Abs | 8.19   | 10e3/mm3 | [1.60-7.70]     | 6/23/2016 15:03 CDT |
| Lymphocyte Abs | 1.48   | 10e3/mm3 | [1.00-4.60]     | 6/23/2016 15:03 CDT |
| Monocyte Abs   | 0.63   | 10e3/mm3 | [0.00-0.80]     | 6/23/2016 15:03 CDT |
| Eosinophil Abs | 0.19   | 10e3/mm3 | [0.00-0.45]     | 6/23/2016 15:03 CDT |

Legend: A = Abnormal, H = High, L = Low, I = Critical, f = footnote, r = reference, c = corrected, i = interpretation

Ordering: [REDACTED]

Admitting: KLEIN, MD, TERREN D  
 Consulting:

Report Request ID: 98412786  
 Printed: 6/23/2016 15:28 CDT  
 Copy to: KLEIN, MD, TERREN D

Page 1 of 2

PATIENT: MARES, MIGUEL A  
 NOTE: 24427  
 DOB: [REDACTED] AGE: 59  
 DR: KLEIN, TERREN D MD  
 DATE: 07/27/16

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male  
 Physician: KLEIN, TERREN Section Scanned Doc Page 9





Page 3 of 3

## The Hospitals of Providence Memorial Campus

2001 N Oregon Street El Paso, TX 79902-3320  
 Clinical Laboratory Phone (915) 577-7307/7302 Fax (915) 677-1340  
 Medical Director(s) Arturo Vargas, MD

Patient Name: MARES, MIGUEL A  
 DOB/Age/Sex: [REDACTED] 59 years Male  
 MRN: 01212046  
 Acct #: C84750427

Encounter Type: 2 - Outpatient  
 Location: PRVXR

## Hematology

## Automated Differential

Collected Date/Time:  
 6/23/2016 12:15 MDT

Specimen Type  
 Blood

## Procedure

Basophyl Abs

Imm Gran Abs

Interpretive Data

11 Imm Gran Abs

## Result

0.05

0.06

## Units

10e3/mm3

10e3/mm3

## Reference Range

[0.00-0.20]

[0.00-0.08]

## Verified Date/Time

6/23/2016 15:03 CDT

6/23/2016 15:03 CDT

ALERT: NEW ANALYTE METHODOLOGY IN PLACE SEPTEMBER 15, 2015

Legend: A = Abnormal, H = High, L = Low, I = Critical, f = footnote, r = reference, c = corrected, I = Interpretation

Ordering: [REDACTED]  
 Ordering: KLEIN, TERREN D  
 Ordering: [REDACTED]

Report Request ID: 08412739  
 Printed: 6/23/2016 15:28 CDT  
 Copy to: KLEIN, TERREN D

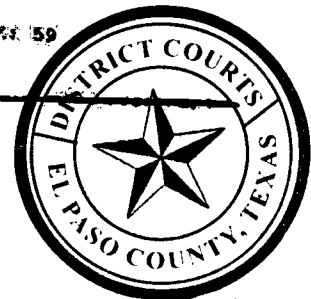
NAME: MARES, MIGUEL A  
 ACTP: 24427

DOB: [REDACTED] Age: 59  
 DR: KLEIN, TERREN D MD  
 CPOB: 07/27/16

Page 2 of 2

Page 3 of 3

Patient: MARES, MIGUEL MRN: 0024427 DOB: 07/27/2016 DOB: [REDACTED] Gender: Male  
 Physician: KLEIN, TERREN Section Scanned Doc Page 10





[Progress Note] [Miguel Mares] [6013]

[Date Printed: 07/18/2016] Page 1 of 1

**Progress Note**

|               |              |                   |                                                   |
|---------------|--------------|-------------------|---------------------------------------------------|
| Patient Name: | Miguel Mares | Visit Date:       | June 6, 2016                                      |
| Patient ID:   | 6013         | Provider:         | Terron D. Klein, MD                               |
| Sex:          | Male         | Location:         | Terron Klein MD PA                                |
| Birthdate:    | ██████████   | Location Address: | 1300 Northson Dr Ste 310<br>El Paso, TX 79902-842 |
|               |              | Location Phone:   | (915) 838-3888                                    |

**Chief Complaint**

- right shoulder sprain/strain

**History Of Present Illness**

Referred by: REFERRED BY Type of Visit: Urgency and DOI: 02/23/2016

This is a 59 year old Caucasian/White, Hispanic or Latino male who's last visit was 05/23/2016, the symptoms have not changed. We are actively TREATING the condition of Labral tear of shoulder, right, initial encounter, Pain of both shoulder joints, Shoulder strain, left, initial encounter, and Supraspinatus tendon tear, right, initial encounter. Currently the pain is located in his right shoulder and left shoulder. He had sustained an injury. The INITIAL INJURY occurred to the right shoulder and left shoulder 02/23/2016 ago.

The current symptoms are pain with motion and weakness; the severity of the symptoms are moderate and the quality is sharp and throbbing. This problem is related to an injury.

LAST VISIT we administered an injection. The injection did not help reduce the pain.

The chief complaint were as follows:

Clicking with throwing or overhead activities yes

Patient is a 18 wheeler mechanic and injured himself on 02/23/2016, when he was setting up the spare tire in the back of the trailer. He told the driver of the trailer to not move however, the driver did not listen and reversed into the patient. We will be treating patient for his shoulders.

MRI of the right shoulder done on 04/13/2016 indicates a tear involving the superior labrum. There probably is an adjacent superior glenoid full thickness chondral fissure with resultant superior glenoid subchondral cyst. Moderate supraspinatus tendinosis with posterior substance low grade articular surface partial thickness tear versus severe tendinosis. Mild subscapularis tendinosis. Metal susceptibility artifact noted in the posterior lateral shoulder subcutaneous tissue.

X-RAYS of the right shoulder done today show no significant abnormalities

X-RAYS of the left shoulder done today show no significant abnormalities.

I am going to order a MRI of the left shoulder and have him follow up in 3 weeks. We may consider an injection if symptoms persist.

5-23-16 MRI lt shoulder on 5-16-16 partial thickness tear supraspinatus, suspected superior labral tear, will inject bilateral shoulders. /Au 2 wks for surgical consult mr

06/06/2016 Patient feels that his left shoulder is doing better but his right shoulder is still a problem. The injection helped with his left shoulder but not his right shoulder. I am going to recommend a right shoulder rotator cuff repair at this time. We discussed the risks, benefits and alternatives to surgery and his questions were answered in detail. He would like to proceed with surgery at this time. Plan on open RC repair due to persistent weakness and pain to r shoulder.

**Past Medical History**

| Disease Name                                        | Date Onset | Notes |
|-----------------------------------------------------|------------|-------|
| No Significant Past Medical History                 |            |       |
| Labral tear of shoulder, left, initial encounter    | 05/23/2016 | --    |
| Labral tear of shoulder, right, initial encounter   | 05/04/2016 | --    |
| Pain of both shoulder joints                        | 05/04/2016 | --    |
| Shoulder strain, left, initial encounter            | 05/04/2016 | --    |
| Supraspinatus tendon tear, right, initial encounter | 05/04/2016 | --    |

MRHES: MARES, MIGUEL A  
ACT#: 24427  
CHRT: ██████████ /AGE: 59  
DR: KLEIN, TERRON D MD  
DOS: 07/27/16

[Digital Signature Validated]

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: ██████████ Gender: Male  
Physician: KLEIN, TERRON Section Scanned Doc Page 11





[Progress Note] [Miguel Mares] [6013]

[Date Printed: 07/18/2016] Page 2 of 4

**Past Surgical History**

Procedure Name

Date

Notes

No Past Surgical History

**Medication List**

Name

Date Started

Instructions

Naproxen 500 mg oral tablet

05/06/2016

Take 1 tablet (500 mg) by oral route 2 times per day with food for 30 days

**Allergy List**

Allergen Name

Date

Reaction

Notes

NO KNOWN DRUG ALLERGIES

**Family Medical History**

Disease Name

Relative/Age

Notes

No Known Family Medical History

**Social History**

Finding

Status

Start/Stop

Quantity

Notes

Does not drink

--/--

--

Does not smoke

--/--

--

**Review of Systems****Constitutional**

o Denies : fever, weight loss, weight gain

**Eyes**

o Denies : impaired vision, changes in vision

**HEENT**

o Denies : headaches, vertigo

**Cardiovascular**

o Denies : chest pain, irregular heart beats

**Respiratory**

o Denies : shortness of breath, cough

**Gastrointestinal**

o Denies : abdominal pain, blood in stools

**Genitourinary**

o Denies : dysuria, hematuria

**Integument**

o Denies : rash, pigmentation changes

**Neurologic**

o Denies : muscular weakness, incoordination, loss of balance

**Musculoskeletal**

o Denies : additional symptoms except as noted in the HPI

**Endocrine**

o Denies : cold intolerance, heat intolerance

**Heme-Lymph**

o Denies : easy bleeding, easy bruising, lymph node enlargement or tenderness

**Allergic-Immunologic**

o Denies : frequent illnesses

**Physical Examination****Constitutional**

o Appearance : well-developed, well-nourished, well-groomed, body habitus normal

**Cervical Spine/Neck**

o Musculoskeletal Examination : no tenderness, no swelling, range of motion is full, no pain with clinical range of motion, no acute spasms

**Right Upper Extremity**

o Shoulder :

LUMP: MARES, MIGUEL A

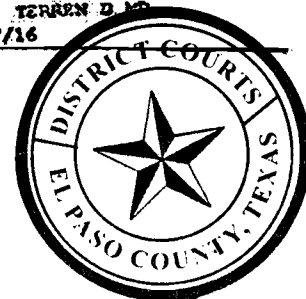
ALT#: 24427

DOB: 02/03/67

AGE: 50

DR: KLEIN, TERREN D MD

DATE: 07/27/16



Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male

Physician: KLEIN, TERREN Section Scanned Doc Page 12



[Progress Note] [Miguel Mares] [6013]

[Date Printed: 07/19/2016] Page 4 of 4

- Pain of both shoulder joints 719.41/M25.511
- Supraspinatus tendon tear, right, initial encounter 840.6/S46.811A
- Labral tear of shoulder, right, initial encounter 840.8/S43.431A
- Shoulder strain, left, initial encounter 840.9/S46.912A
- Labral tear of shoulder, left, initial encounter 840.8/S43.432A

**Plan****Instructions**

- o After considering all options, the patient has elected to proceed with surgery. I have discussed the risks, benefits, potential complications, alternatives to surgery, and risks and benefits of the alternatives. All questions were answered. Informed consent was obtained.
- u The patient will proceed with surgery. He/She will be sent for pre-op scheduling, pre-op labs, and pre-op visit.
- o Awaiting surgery approval.
- o I have discussed with the patient the diagnosis, prognosis, treatment plan, and alternatives. All questions were answered.
- o I have instructed the patient to call immediately if the condition worsens or to go to the ER.
- o Patient Info: Visit [www.orthoinfo.org](http://www.orthoinfo.org) for further info on your diagnosis.

**Disposition**

- o Return Visit Request in/on 4 weeks +/- 7 days (12810).

Electronically Signed by: Terren D. Klein, MD - Author on June 30, 2016 06:34:00 PM

NAME: MARES, MIGUEL A  
 ACT#: 24427  
 IOB#: [REDACTED] ACT#: 59  
 DR: KLEIN, TERREN D MD  
 DCS: 07/27/16

[Signature Validated]

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male  
 Physician: KLEIN, TERREN Section Scanned Doc Page 13





# El Paso Day Surgery Post Operative Orders

PATIENT: MARES, MIGUEL A  
MRN: 0024427  
DOB: [REDACTED] 07/27/16  
PHYSICIAN: KLEIN, TERREN D MD  
DATE: 07/27/16

Admit to Recovery

Diagnosis:

*R. R.C. Leay*

Allergy: None /

Diet: Liquids, advance as tolerated / Other:

Meds: Toradol 30mg IVP q 6 hours prn pain

Other:

Discharge Medications:

☐ Vicodin 1-2 tablets po q4 hours prn pain

☐ Other

*Meds given to family*

Activity:

☐ Ice, Elevate, Crutches, Walker

☒ Do not remove dressing

*Do not remove dressing*

☐ Weight bearing: as tolerated, touchdown weight bearing, no weight bearing, partial weight bearing

☒ May remove the dressing in 48 hours and clean incisions with Hydrogen Peroxide or Normal Saline. Cover with band-aids.

☐ You may shower after 2 days, do not soak

☐ Other

2. Follow up with Dr. Klein in

*This Friday*

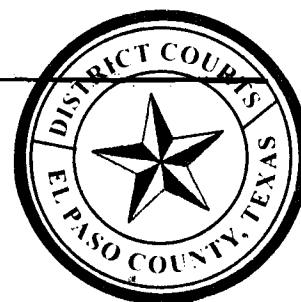
3. Call MD for worsening pain, bleeding, fever, nausea/vomiting or questions.

4. Discharge home when anesthesia criteria met.

Terren Klein, M.D.

Date/Time

*7.27.16 0730*





## El Paso Day Surgery

1/27/16 12:00 PM  
 Suture Anchor,  
 NoCompliance® Corrosion-Resistant, Sterile  
 15 x 147 mm  
 (102) 17027702  
 Artix®

Pre-Op Dx: Tom R. R.C.  
 Post-Op Dx: None  
 Procedure: Rigam R. R.C. Body  
 Surgeon(s): William A. Rodriguez MD  
 Anesthesia: GA T. G. Intubated Latiff  
 Blood Loss: 1300 cc  
 Packs, Drain: 8  
 Condition: Stable Dictation # 19404799

## PHYSICIAN'S ORDERS, PROGRESS NOTES:

Discharge home when anesthesia criteria met.

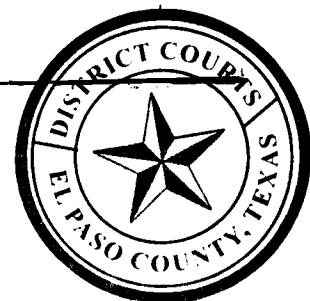
Physician Signature: [Signature]Date/Time: 1-27-16 0730

NAME: MARES, MIGUEL A  
 ACT#: 24427  
 DOB: [REDACTED] APR 59  
 DAI: KLEIN, TERREN D. MD  
 DOB: 07/27/16

Updated 08/18/2015

Page 1 of 1

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male  
 Physician: KLEIN, TERREN Section Scanned Doc Page 15





Version 5.2.10.0

### Discharge Instructions

Instructions Used : KLEIN DISCHARGE INSTRUCTIONS SPANISH

#### Activity:

- Usar el sosten de hombro para su comodidad.

#### Bathing:

- No remoje las heridas y no remover las vendas.

#### Diet:

- Avanzar dieta como sea tolerada. Empezando con liquidos y avanzar a dieta regular.

#### Driving:

- No debe tratar de manejar, usar herramientas eléctricas, ni tomar ninguna decisión importante hasta que hayan pasado 24 horas después de la cirugía, y puede hacer esto entonces solo si usted se siente perfectamente normal y alerta.

#### Educational:

**IMPORTANTE:** En caso de una emergencia, llamar a 911 o ir a la sala de emergencias más cercana de usted para examen o tratamiento.

#### Medication:

- Tomar medicamentos como están recetados.

#### Notifications:

- Dr. Klein TEL: (915) 838-3888
- Llamar al Dr. Klein para dolor o sangrado sin control, fiebre arriba de 101°F, náuseas/vómito severo o preguntas.
- Si tiene un dolor desmesurado o persistente, hinchazón, hemorragia, náusea, vómito, o cualquier otro problema, usted debe llamar primero a su cirujano para que

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: 03/03/1957 Gender: Male  
Physician: KLEIN, TERREN Section Discharge Page 1

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male  
Physician: KLEIN, TERREN Section Scanned Doc Page 16





le aconseje. Si no se puede poner en contacto con su cirujano, solicite ayuda de la sala de emergencias de un hospital.

Wound Care:

- NO remueva los vendajes.

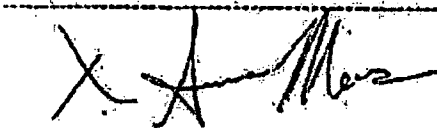
Follow up Appointment(s):

Type: Surgeon

Provider: Dr. Klein

Date: 07/29/2016

Time: 09:00 AM

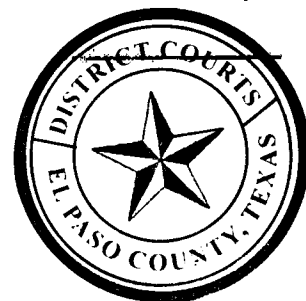
 "Daughter"

RN Signature: electronically signed by HERNANDEZ, JUAN on 07/27/2016 08:29

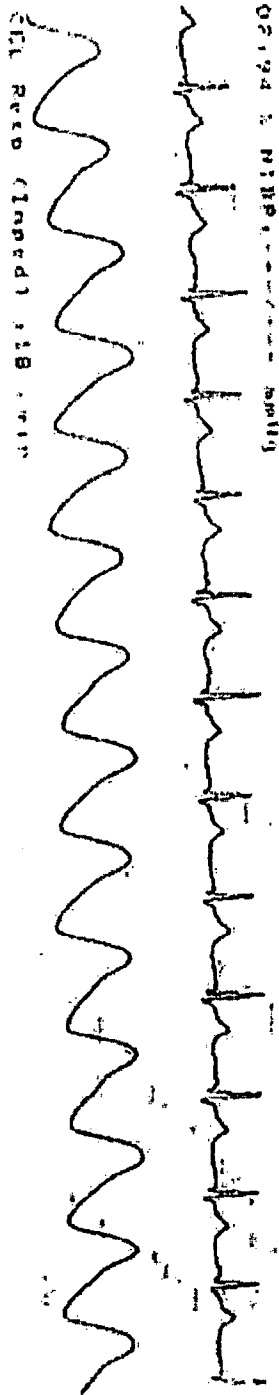
Signature of Patient or Patient Representative

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: 02/28/1991 Gender: Male  
Physician: KLEIN, TERREN Section Discharge Page 2

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: 02/28/1991 Gender: Male  
Physician: KLEIN, TERREN Section Scanned Doc Page 17

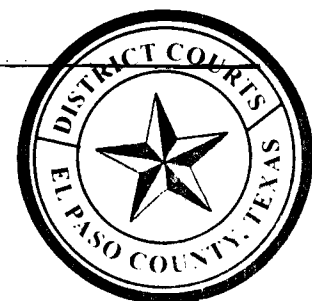






*PACA*

PATIENT: MARES, MIGUEL, A  
AGE: 24427  
DOB: [REDACTED] AGE: 59  
BY: KLEIN, TERREN D MD  
DATE: 07/27/16





## EL PASO DAY SURGERY ANESTHESIA RECORD

DATE

11/27/16

PROCESSED BY

B. Lopez with appt

PATIENT: MARES, MIGUEL A

MRN: 0024427

DOB: [REDACTED]

AGE: 59

OP: KLEIN, TERREN D MD

OS: 07/27/16

SURGICAL DIAGNOSIS

Superior vena cava (R)

ANESTHESIOLOGIST (ANESTHESIOLOGIST)

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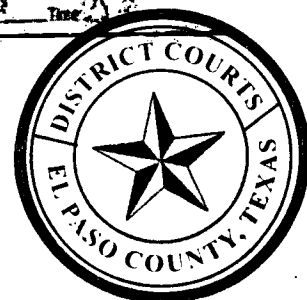
PRE-ANESTHESIA NOTE

11/27/16

PRE-ANESTHESIA NOTE

11/27/16

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male  
 Physician: KLEIN, TERREN Section Scanned Doc Page 19





# Anesthesia PHYSICIAN ORDERS

## Post Operative

All physician orders must be written  
in ink (dated, timed and signed)

MR. MARES, MIGUEL A

MRN: 24427

DOB: 07/27/16

Physician: KLEIN, TERREN D MD

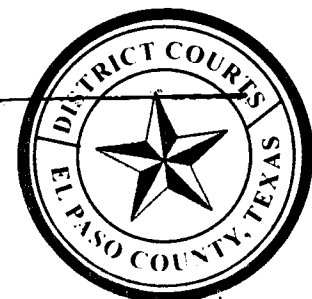
Date: 07/27/16

|            |                                                                                                                                                                                                                   |  |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Allergies: | All Medications dispensed in accordance with facility formulary                                                                                                                                                   |  |
| Date/Time: | 1. Patient may be discharged from PACU Phase I, if when discharge criteria met                                                                                                                                    |  |
| 1/23/16    | 2. The following medications may be given as needed to control:                                                                                                                                                   |  |
| 1/23/16    | a) Pain                                                                                                                                                                                                           |  |
|            | Phase I: Dilaudid 0.2 mg IV prn up to 2 mg<br>Morphine ___ mg IV prn up to ___ mg                                                                                                                                 |  |
|            | Phase II: Hydrocodone 5/325mg 1 tablet PO ___ Hydrocodone elixir ___ ml PO<br>Tylenol #3 1 tablet PO ___ Tylenol #3 elixir ___ ml PO<br>Tylenol tab/elixir per weight/age ___ Ibuprofen tab/elixir per weight/age |  |
|            | b) Nausea and or vomiting                                                                                                                                                                                         |  |
|            | Phase I: Zofran 2-4mg IV prn max ___ mg Zofran 4mg ODT<br>Phenergan 3mg-25mg IV prn ___ Reglan 10 mg IV prn<br>Decadron 4 mg IV prn Scop patch w/instructions                                                     |  |
|            | Phase II: Dramamine ___ mg IV prn Benadryl 25 mg IV prn                                                                                                                                                           |  |
|            | c) Blood Pressure: Labetolol 2.5mg-5mg q 5min. up to 10 mg IV prn (3 mg IV prn)<br>Hydralazine 5mg up to ___ mg IV prn                                                                                            |  |
|            | d) Heart Rate                                                                                                                                                                                                     |  |
|            | 3. Continue same IV fluid until patient stable and tolerating PO fluids unless otherwise ordered by surgeon or managing physician.                                                                                |  |
|            | 4. Initiate oxygen protocols if indicated                                                                                                                                                                         |  |
|            | 5. A glucose check will be done on all known diabetic patients                                                                                                                                                    |  |
|            | 6. May use a Bair hugger to warm patient                                                                                                                                                                          |  |
|            | 7. Demerol 12.5 - 25mg IV prn shivering                                                                                                                                                                           |  |
|            | 8.                                                                                                                                                                                                                |  |
|            | 9. I may be reached at:                                                                                                                                                                                           |  |
|            | Signature: <i>[Signature]</i>                                                                                                                                                                                     |  |

El Paso Day Surgery

Anesthesia

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: 07/27/16 Gender: Male  
Physician: KLEIN, TERREN Section Scanned Doc Page 20

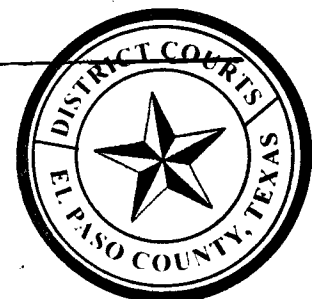




| Pre-Operative Nursing Assessment Sheet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| NPO: Fluids: N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Allergies: NKDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Reaction: NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Latex allergy: Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Allergy bracelet in place: Yes/NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <input type="checkbox"/> LEFT MSG <input type="checkbox"/> WRONG # <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                                                                                                                                                                           | <input type="checkbox"/> Discharge Planning<br><input type="checkbox"/> Name<br><input type="checkbox"/> Relationship<br><input type="checkbox"/> Cell Phone #<br><input type="checkbox"/> Accommodations: Hotel                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                          |                                                                                                 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                                                                                                                     |  |
| Pre-op Instructions RN Signature<br>NPO after: _____<br>Arrival Time: _____ per MD<br>Vop MEDS: _____<br>Clothing <input type="checkbox"/> Jewelry <input type="checkbox"/><br>Bring MD orders <input type="checkbox"/><br>Favorite Toy <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                                                                                                                                                                           | <input type="checkbox"/> Lab Location<br><input type="checkbox"/> EKG/Chest X-Ray<br><input type="checkbox"/> Placed on Chart<br><input type="checkbox"/> N/A<br><input type="checkbox"/> Physician Notified / Abnormalities                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                          |                                                                                                 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                                                                                                                     |  |

PAGE ONE

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male  
Physician: KLEIN, TERREN Section Scanned Doc Page 21





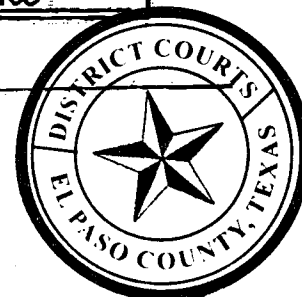
Head/neck: eyes clear; clear white, no drainage. Ears: no tinnitus, drainage. Nose: without congestion, epistaxis or drainage. Throat: without soreness, mucous membranes moist. Hyaline: normal. Oral: tongue and mucous membranes pink and moist. Inguinal: good skin turgor, no skin breakdown or rash. Skin: warm and dry, color normal. Neuro: Alert oriented to time, place and person, obeys commands; spontaneous eye opening, normal sensation; swallow without difficulty. PERRA, CV: Peripheral pulses strong and regular, capillary refill < 3 seconds. Edema: absent, no pitting. Resp: Cough, rate greater than 10 and less 20 minutes, lung fields clear, no wheezes and crackles. Spinal: normal. Chest expansion: GI: Abdomen soft with bowel sounds in all 4 quadrants, no pain, nausea, or vomiting. GU: voids without difficulty. Musculoskeletal: moves all extremities without difficulty, weakness or pain.

| MEDICATION / DOSE | Route | Time | Initials |
|-------------------|-------|------|----------|
| none              |       |      |          |
|                   |       |      |          |
|                   |       |      |          |
|                   |       |      |          |

[illegible]

|                                                |                                                                                                 |                                                                                   |                                                                                 |
|------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Potential for weakness, education              | Instruction in self breast exams and self testicular exams, immunizations                       | Patient will verbalize understanding                                              | Goal Met<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Potential for anxiety R/T surgical procedure   | Orient patient to Surgical Center, initiate discharge instruction                               | Patient will verbalize decreased anxiety                                          | Goal Met<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Knowledge deficit R/T surgical procedure       | Assess level of understanding Insite, perioperative instruction                                 | Patient will verbalize understanding of surgical procedure                        | Goal Met<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Potential for infection R/T surgical procedure | Check lab work if ordered by Dr.<br>Monitor vital signs<br>Teach on signs/symptoms of infection | Patient will be free of signs and symptoms of infection in the pre-operative area | Goal Met<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

RN Signature: C. Hill Date: 7/6/11 Time: 1200





## El Paso Day Surgery DIVULGACIÓN Y CONSENTIMIENTO

### PROCEDIMIENTOS MÉDICOS Y QUIRÚRGICOS

**AL PACIENTE:** Usted tiene el derecho, como paciente, de estar informado sobre su afección y sobre el procedimiento quirúrgico, médico o diagnóstico recomendado a seguir, para que usted pueda tomar una decisión, si usted desea o no someterse al procedimiento después de saber cuáles son los riesgos y peligros que conllevan. El propósito de esta divulgación no es asustarlo ni inquietarlo, es simplemente para que esté mejor informado al decidir si va a dar o no, su consentimiento al procedimiento.

De mi propia voluntad, yo solicito al: Dr. Klein  
como mi médico, y a tales asociados, auxiliares técnicos y otros proveedores de cuidados médicos que estimen necesarios para tratar a mi afección, la cual se me ha explicado a mí como:

Desgarro del tendón Supraespinal  
del hombro derecho

Entiendo que se han planeado los siguientes procedimientos quirúrgicos, médicos y/o diagnósticos para mí, y que yo doy mi consentimiento de mi propia voluntad a estos procedimientos:

Reparación del manguito rotador  
del hombro derecho

Entiendo que mi médico puede descubrir otras o diferentes afecciones que podrían requerir procedimientos adicionales o diferentes de los planeados. Autorizo a mi médico, y a tales asociados, auxiliares técnicos y otros proveedores de cuidados médicos para que lleven a cabo tales otros procedimientos, que sean recomendables según su juicio profesional.

Yo (doy) (no doy) mi consentimiento para que se utilice sangre y hemoderivados según sea necesario.

Entiendo que no se me ha dado ningún tipo de garantía ni seguridad sobre el resultado o cura.

Del mismo modo que pueden existir riesgos o peligros al proseguir con mi actual afección sin ningún tratamiento, también existen riesgos y peligros relacionados con cualquier procedimiento quirúrgico, médico y/o diagnóstico que se haya planeado realizar.

Entiendo que es común que cualquier procedimiento quirúrgico, médico y/o diagnóstico conlleva la posibilidad de infección, coágulos sanguíneos en las venas y pulmones, hemorragia, reacciones alérgicas, o hasta la muerte. También comprendo que los siguientes riesgos y peligros pueden suceder en conexión con este procedimiento en particular:

Los riesgos según me los mencionó el médico: **DANO A LOS NERVIOS, LOS TENDONES Y ARTERIA, PERSISTENCIA CON LA MISMA CONDICION, EL SANGRADO, EL DOLOR Y LA NECESIDAD DE MAS CIRUGIAS Y FALLA DE ORTOFIJACION**

Entiendo que la anestesia conlleva ciertos riesgos y peligros, pero solicito que se utilicen anestésicos para el alivio y la protección del dolor durante los procedimientos planeados y adicionales. Comprendo que es posible que se tenga que cambiar la anestesia sin que se me dé una explicación.

Entiendo que pueden surgir ciertas complicaciones por el uso de cualquier anestésico, incluyendo problemas respiratorios, reacción a fármacos, parálisis, daño cerebral, o hasta la muerte. Otros riesgos y peligros, que pueden surgir por el uso de anestesia general, vanían desde pequeñas molestias hasta lesión a las cuerdas vocales, dientes u ojos. Entiendo que otros de los riesgos y peligros resultantes de anestésicos espinales o epidurales, incluyen los dolores de cabeza y dolor crónico.

Se me ha dado la oportunidad de hacer preguntas sobre mi afección, los diferentes tipos de anestesia y tratamiento, los riesgos de no realizar ningún tratamiento, el procedimiento que se va a seguir, y los riesgos y peligros que conlleva, y acepto que tengo suficiente información para otorgar este consentimiento informado.

Certifico que se me ha explicado plenamente este formulario, y que lo he leído, o que alguien me lo ha leído a mí, que los espacios en blanco se han rellenado, y que comprendo su contenido.

X  
FIRMA DEL PACIENTE U OTRA PERSONA LEGALMENTE RESPONSABLE

FECHA: 7/27/16 HORA: 0555 A.M./P.M.

Yo Testigo [Signature] 7/27/16 0555  
Fecha Hora

NAME: MARES, MIGUEL A  
AGE: 59  
MR: KLEIN, TERREN D MD  
DOB: 07/27/16

Firma de Médico

[Signature] 7.27.16 0627







# El Paso Day Surgery

## CONSENTIMIENTO - ANESTESIA Y CONTROL DE DOLOR PERIOPERATORIO

**AL PACIENTE:** tiene derecho, como paciente, a ser informado sobre su enfermedad y la anestesia/analgesia recomendada que se usará, de modo que usted pueda tomar la decisión de si recibir la anestesia/analgesia o no después de conocer los riesgos y los peligros relacionados. Esta revelación no tiene como fin asustarlo o alarmarlo; es simplemente un esfuerzo por hacerlo mejor informado para que usted pueda dar o negar su consentimiento para la anestesia/analgesia.

Solicito voluntariamente que me administren a mí (el paciente) la anestesia y la atención de control de dolor (analgesia) perioperatoria, según lo indicado a continuación. Entiendo que será administrada por un proveedor de anestesia, el profesional que realice la operación o algún otro proveedor de salud de ese tipo, de ser necesario. Perioperatorio significa el periodo poco antes de, durante y poco después del procedimiento.

Aunque entiendo que la anestesia/analgesia implica riesgos y peligros adicionales, solicito que usen anestésicos/analgesia para el alivio de y la protección contra el dolor durante los procedimientos planeados y adicionales. Comprendo que el tipo de anestesia/analgesia podría tener que cambiarse, posiblemente sin darme una explicación.

Entiendo que pueden ocurrir complicaciones graves, pero sé que, con todos los métodos anestésicos/analgésicos. Algunos de estos riesgos son problemas de respiración y del corazón, reacciones a la medicina, daño nervioso, paro cardíaco, daño cerebral, parálisis o la muerte.

También entiendo que podrían ocurrir otras complicaciones. Entre esas complicaciones se incluyen: *Ver que los métodos de anestesia/analgesia planeados y haga que el paciente/otra persona legalmente responsable ponga sus iniciales.*

**ANESTESIA GENERAL:** lesión a las cuerdas vocales, los dientes, los labios, los ojos; estar consciente durante el procedimiento; disfunción de la memoria/pérdida de la memoria; daño a órganos permanentes; daño cerebral.

**ANESTESIA/ANALGESIA DE BLOQUEO REGIONAL:** daño nervioso; dolor persistente; sangrado/hematoma; infección; necesidad médica de usar anestesia general en vez de daño cerebral.

**ANESTESIA/ANALGESIA ESPINAL:** daño nervioso; dolor de espalda persistente; dolor de cabeza; infección; sangrado/hematoma epidural; dolor crónico; necesidad médica de usar anestesia general en vez de daño cerebral.

**ANESTESIA/ANALGESIA EPIDURAL:** daño nervioso; dolor de espalda persistente; dolor de cabeza; infección; sangrado/hematoma epidural; dolor crónico; necesidad médica de usar anestesia general en vez de daño cerebral.

**ATENCIÓN DE ANESTESIA VIGILADA (MAC) o SEDACIÓN/ANALGESIA:** disfunción de la memoria/pérdida de la memoria; necesidad médica de usar anestesia general en vez de daño a órganos permanentes; daño cerebral.

Comentarios/riesgos adicionales:

Entiendo que no me han prometido nada con respecto al resultado de los métodos de anestesia/analgesia. Me han dado la oportunidad de hacer preguntas sobre los métodos de anestesia/analgesia, los procedimientos que se usarán, los riesgos y los peligros relacionados, y las formas de anestesia/analgesia alternativas. Creo tener suficiente información para dar este consentimiento informado.

*Me han explicado completamente este formulario, lo he leído o me lo han leído, se han rellenado los espacios en blanco, y entiendo el contenido de este.*

**PACIENTE/OTRA PERSONA LEGALMENTE RESPONSABLE** (se requiere una firma)

Firma: X. Miguel A. Mares Fecha: 0555 Hora: a.m./p.m.

Título/Firma: [Firma] Nombre (en letra de molde): Uberto J. Mares Fecha: 0555 Hora: a.m./p.m.

Firma de Proveedor de anestesia: [Firma] Fecha: 0555 Hora: a.m./p.m.

MD: MARES, MIGUEL A.  
MD#: 24427  
DOB: [REDACTED] MM: 59  
DR: KLEIN, TERREN D MD  
DOB: 07/27/16

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male  
Physician: KLEIN, TERREN Section Scanned Doc Page 24





1. Infacción
2. Hematoma, hinchazón, sangrado, inflamación en el lugar de inyección
3. Dano al nervio y/o vaso sanguíneo
4. Disfunción de los intestinos y/o la vejiga
5. Entumecimiento, parálisis, náusea y vómito
6. Disfunción sexual
7. Derrame cerebral, convulsiones
8. Empeoramiento de la afección, sin alivio de dolor
9. Insuficiencia respiratoria y/o paro cardíaco
10. Reacción alérgica a medicamentos/esteroides
11. Hipotensión dificultad pasajera para respirar
12. Dolor durante el procedimiento
13. Riesgos adicionales:

1. Neumotórax con bloqueo neurolítico intercostal, espinal diferencial, intraarticular, epidural torácico, y del ganglio estrellado: procedimientos con catéter epidural.
2. Nonquerra y Síndrome de Horner permanente con un bloqueo neurolítico del ganglio estrellado. El Síndrome de Horner es un dolor de cabeza intenso, agudo, tamaño de pupilas desigual y pérdida sensorial.
3. Dolor de cabeza con bloqueo del nervio occipital, inyección de la raíz de nervio cervical.
4. En procedimientos con catéter, el catéter se puede desviar
5. Hemorragia nasal, cambios transitorios en la visión, nureos transitorios con bloqueo estenopalatino.

Iniciales

M.A.

Riesgos Relacionados con los procedimientos mencionados abajo:

Solicito al Dr. Klein

Para que realice:

NAME: MARES, MIGUEL A  
 ACT#: 24427  
 DOB: 03/03/57 AGE: 39  
 DR: KLEIN, TERREN D MD  
 CCS: 07/27/16

Patología, Fotografía, Videogración, Análisis de sangre

Autorizo a El Paso Day Surgery y/o al patólogo para que ponga a su cargo, o para que se deshagan de cualquier tejido. Doy mi autorización para que se tome cualquier fotografía o para que se grabe cualquier cinta de video que el médico considere necesaria. Comprendo que son propiedad de mi médico.

Iniciales

M.A.

#### Información sobre Anestesia General

Comprendo que no puedo manejar ningún vehículo, operar ninguna maquinaria, firmar ningún documento legal, consumir ninguna bebida alcohólica ni tomar ningún medicamento APARTE DE LOS QUE ME HA RECETADO mi médico cirujano u otro doctor, durante veinticuatro (24) horas después de que se me administre anestesia general. Comprendo que TENGO QUE TENER un adulto responsable que me lleve a mi casa, y que algún adulto se tiene que quedar conmigo por lo menos veinticuatro (24) horas después de la operación.

Libro de cualquier responsabilidad al centro quirúrgico y a los médicos si no cumplo con estas instrucciones.

Iniciales

M.A.

#### Revisión Inmunológica

La ley estatal requiere que a cualquier paciente menor de 18 años de edad (excepto a menores de edad legalmente emancipados), se le revise su historia inmunológica cada vez que sea ingresado en un hospital. Esto incluye ingresos de pacientes hospitalizados y ambulatorios. Certifico que me han dado una copia de la lista de instrucciones

Iniciales

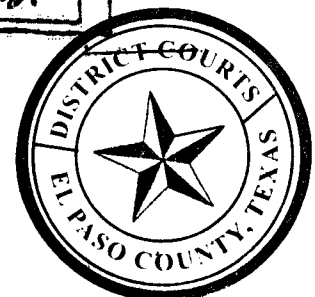
M.A.

#### Situación NPO (nada por vía oral)

Certifico que (yo) (mi hijo/a) no he/ha tomado nada de comer o beber, incluyendo agua, desde 4:45 PM (hora). Como tampoco no ha habido ningún cambio en mi/su condición física, tal como un resfriado o una infección.

Iniciales

M.A.





**El Paso Day Surgery  
Surgery Scheduling Form**

EPDS Scheduling Fax: (915) 225-1702 Ph: (915) 225-7682

Date fixed in 07/21/2016 By Marlene

Surgeon: Terren Klein

Surgery Date: 07/27/2016 Time 6:30 AM

Patient's Name Miguel Mares Birthdate [REDACTED]

SSN [REDACTED] PHONE [REDACTED]

Address [REDACTED]

Latex Allergy: Yes ☒ No Active Infection: Yes ☒ No

Insurance Co. Molina Health Care Centenn, ID# 3260276221

Phone # [REDACTED]

2nd Insurance: [REDACTED] ID# [REDACTED]

Phone # [REDACTED]

Procedure Right Shoulder Rotator Cuff Repair

CPT CODE 23410 23130-59

Diagnosis Supraspinatus Tendon Tear ICD-9 Code S46.811A

Estimated time: 1 Hr

Anesthesia: ☒ General ☐ Local ☐ IV sedation ☐ Mac ☐ Other [REDACTED]

Patient Type: ☐ 23 Hour Stay ☐ Extended stay (Discharge same day before 10:00 p.m.)

Equipment: ☐ Ophthalmology Microscope ☐ CO2 Laser ☐ Cobalt ☐ Yag laser

☐ ENT Microscope ☐ Ultra Sound ☐ Other: [REDACTED]

Implants/Prostheses: [REDACTED]

Vendor: [REDACTED]

Any other special requests: [REDACTED]

.....  
**No Auth Required if Provider / facility in network**

Fax received [REDACTED]

NAME: MARES, MIGUEL A

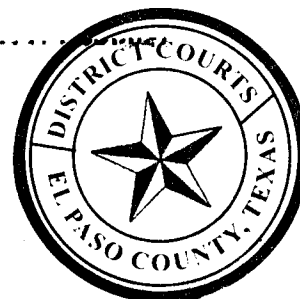
ATTN: 24427

DOS: [REDACTED] MRN: 59

DR: KLEIN, TERREN D MD

DOS: 07/27/16

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male  
Physician: KLEIN, TERREN Section Scanned Doc Page 26





6013

SCHEDULING FORM/ PRE-OP ORDERS

☒ El Paso Day Surgery ☐ El Paso Specialty Hospital ☐ Del Sol ☐ Surg Center

Patient Name: Miguel MaresDOB: [REDACTED]SSN: [REDACTED]Allergies: N/APhone Number: 913-867-1031

Alternate Number: \_\_\_\_\_

Insurance Name:  Molina HC center Policy ID: 32052 16221 Group: none

Authorization # \_\_\_\_\_

Insurance #: \_\_\_\_\_

Surgeon Name: KLEIN, MDDate of Surgery: 7/27/16Time: 6:30 AMDuration Time: 1 hr

Special Equipment: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Pre-op Diag Code(s): 1. S46.811A 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_Pre-op/Post-op CPT Code(s): 1. 23410 2. 23130-59 3. \_\_\_\_\_ 4. \_\_\_\_\_Operative Procedure/Consent For: rotator cuff repair R shoulder

Pre Op Labs: ☐ UA ☒ CBC ☒ BMP ☐ CMP ☐ PT ☐ PTT ☐ Chest X-ray  
☒ EKG ☐ Type & Screen \_\_\_\_\_ units ☐ Type & Cross \_\_\_\_\_ units

Other: \_\_\_\_\_

Preop/Intraop Antibiotic: \_\_\_\_\_

Special Instructions for patient: \_\_\_\_\_

Physician's Signature: [Signature]Date: 6.6.16 Time: 1:00

104 Antone  
 xnlardp.NHS 8043

NAME: MARES, MIGUEL A  
 ACT#: 24427  
 DOB: [REDACTED] AGE: 59  
 SEX: KLEIN, TERREN D MD  
 YR: 07/27/16

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : [REDACTED] Gender : Male  
 Physician : KLEIN, TERREN Section Scanned Doc Page 27





Molina Healthcare 7/19/2016 2:55:30 PM PAGE 2/002 Fax Server

Page 1 of 2 received on 7/19/2016 2:55:30 PM (Pacific Daylight Time)

07/19/2016 10:30 AM 00000000

MOLINA  
HEALTHCAREMolina Healthcare of New Mexico  
Medicaid and Medicare Prior Authorization Request Form  
Phone: 1 (877) 262-0187

| MEMBER INFORMATION                                                                 |                                                                                          |                                 |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------|
| Plan: <input checked="" type="checkbox"/> Molina Medicaid<br>Fax: 1 (888) 802-5711 | <input type="checkbox"/> Molina Medicare<br>Fax: 1 (505) 924-8258<br>Or 1 (855) 278-0310 | <input type="checkbox"/> Other: |
| Member Name: <u>Miguel Mares</u>                                                   | DOB: <u>[REDACTED]</u>                                                                   |                                 |
| Member ID#s: <u>32410, 23130, 13960</u>                                            | Phone: <u>[REDACTED]</u>                                                                 |                                 |
| Service Types: <input checked="" type="checkbox"/> Elective/Routine                | <input type="checkbox"/> Expedited/Urgent*                                               |                                 |

\*Definition of Urgent / Expedited service request designation is when the treatment requested is required to prevent serious deterioration in the member's health or could jeopardize the enrollee's ability to regain maximum function. Requests outside of this definition should be submitted as routine/non-urgent.

| Referral/Service Type Requested                                                                |                                                                                           |                                                                |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>Inpatient</b>                                                                               | <b>Outpatient</b>                                                                         | <b>Home Health</b>                                             |
| <input type="checkbox"/> Surgical procedures                                                   | <input checked="" type="checkbox"/> Surgical Procedure                                    | <input type="checkbox"/> Home Health                           |
| <input type="checkbox"/> Admissions (all types)                                                | <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ST       | <input checked="" type="checkbox"/> DME L3960<br>Supplier Code |
| <input type="checkbox"/> SNF                                                                   | <input type="checkbox"/> Diagnostic Procedure <input type="checkbox"/> Hyperbaric Therapy | <input type="checkbox"/> In Office (Non-Par)                   |
| <input type="checkbox"/> LTAC                                                                  | <input type="checkbox"/> Infusion Therapy                                                 |                                                                |
| <input type="checkbox"/> Other:                                                                |                                                                                           |                                                                |
| Diagnosis Code & Description: <u>S41.01A Right Shoulder Acromioclavicular Joint Separation</u> |                                                                                           |                                                                |
| CPT/HCPC Code & Description: <u>23410, 23130-59 Right Shoulder Repair</u>                      |                                                                                           |                                                                |
| Number of visits requested for code: <u>1 visit</u>                                            | DOS From <u>07/15/16</u> to <u>07/15/16</u>                                               |                                                                |
| Number of visits requested for code:                                                           | DOS From <u>1/1</u> to <u>1/1</u>                                                         |                                                                |
| Number of visits requested for code:                                                           | DOS From <u>1/1</u> to <u>1/1</u>                                                         |                                                                |

Please send clinical notes and any supporting documentation

| PROVIDER INFORMATION                                                                                                            |                                   |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Requesting Provider Name:                                                                                                       | <u>Terren Klein M.D.</u>          |
| Provider/Facility Providing Service:                                                                                            | <u>El Paso Day Surgery</u>        |
| Provider/Facility NPI number:                                                                                                   | <u>1801876133 / 1407807050</u>    |
| Contact at Requesting Provider's office:                                                                                        | <u>Miguel</u>                     |
| Phone Number: <u>(915) 838-3888 ext 33</u>                                                                                      | Fax Number: <u>(915) 838-0110</u> |
| <b>No Prior Auth Required</b> 23410, 23130, 13960 When done outpatient with a contracted Facility/ Provider per 1.1.2016 Matrix |                                   |

NAME: MARES, MIGUEL A  
MRN: 0024427  
DOB: [REDACTED] AGE: 59 Updated  
DE: KLEIN, TERREN D MD  
DOS: 07/27/16

Molina Healthcare 7/19/2016 2:55:30 PM

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male  
Physician: KLEIN, TERREN Section Scanned Doc Page 28





COUNTY LINE MEDICAL SERVICE INC.  
345 County Line Dr., Suite A  
Chandler, NM 87001  
(505) 824-5007 • FAX: (505) 824-0022

NAME Mares, Miguel DATE 2/19/16

Rx

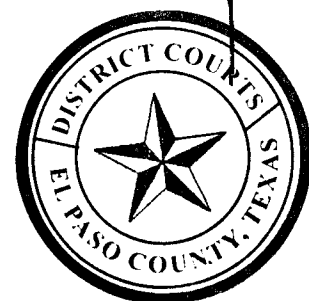
Orthopedic

Dr. Andrew

SPANISH  
RESULTS 1, 2, 3, 4, —

2  
KRONENBERG, ASP

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : 03/03/1957 Gender : Male  
Physician : KLEIN, TERREN Section Miscellaneous Page 6





Name: MIGUEL MARES  
 Identification #: 370374571  
 Date of Birth: [REDACTED]  
 Coverage Effective Date: 03/01/2016  
 PCP Name: KATHLEEN MILES  
 PCP Phone: (375) 521-9375  
 PCP Location: 2825 VICTORY RD SUITE 200 PARKER 76063  
 Patient Responsibilities:  
 Office Visit: \$0.00  
 Hospital Inpatient: \$0.00  
 Prescription: \$0.00  
 Emergency Room: \$0.00  
 Urgent Care: \$0.00  
 Referral: \$0.00  
 RAZEM 004936  
 RAPON 307  
 R0000, R0001

Fax Trulisa @  
 888-802-5711

Antinatal Care  
 we are providing as of  
 11/1/14  
 Ref is required from PCP

NAME: MARES, MIGUEL A  
 ACT#: 24427  
 DOB: [REDACTED] AGE: 59  
 DR: KLEIN, TERREN D MD  
 DOG: 07/27/16

10:55 AM.  
 7/14/16 - Per Trulisa @ Trulisa  
 Antinatal care at 800-377-9594  
 Referral is required per CPT codes  
 23410 & 23130.

Advised PT & Daughter - they are charging  
 PCP to get the referral to JDR for the  
 procedure.

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male  
 Physician: KLEIN, TERREN Section Scanned Doc Page 29





Members (1991-2000) who, through their actions, have  
 demonstrated the highest level of commitment to the  
 Long Term Care industry and the community.  
 So I Dedicate this award to the members of the Long Term  
 Care industry who, through their actions, have  
 demonstrated the highest level of commitment to the  
 industry and the community.  
 I am proud to have you as members of the Long Term  
 Care industry and the community. I am proud to have you  
 as members of the Long Term Care industry and the community.

800-  
 327-9594

Emergency Services: Call 911 or go to the nearest emergency room.  
 (800) 327-9594  
 (957) 551-1111

PATIENT: MARES, MIGUEL A  
 MRN: 24427  
 DATE: 07/27/2016  
 DR: KLEIN, TERREN D MD  
 DOS: 07/27/16

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : [REDACTED] Gender : Male  
 Physician: KLEIN, TERREN Section Scanned: Doc Page 30





Member MIGUEL A MARES



Identification #: 8260216221

Date of Birth [REDACTED]

Coverage Effective Date 06/01/2016

PCP Name KATHLEEN MALES

PCP Phone (575) 521-5370

PCP Location 2625 MCNUTT RD CUNLAND PARK NM 83063

Patient Responsibility

Office Visit \$0.00

Hospital Inpatient \$0.00

Prescription \$0.00

Emergency Room \$0.00

Urgent Care \$0.00

RXBUI 004306

RXPCIL ADV

RXGSP: Rn0813

Image 00000006

NEW MEXICO

DRIVER'S LICENSE

License # [REDACTED] ISSUED 04/17/2013

Date of Birth [REDACTED] EXPIRES 04/03/2021

MARES  
MIGUEL A

SEX: M HEIGHT: 505  
WEIGHT: 160 EYES: BROWN  
CLASS: D ENDORSEMENTS: NONE  
RESTRICTIONS: NONE

Member's rights and responsibilities (including the right to file a complaint with the state health department) are available at [www.molinahealthcare.com](http://www.molinahealthcare.com).  
 Behavioral Health Services (including the right to file a complaint with the state health department) are available at [www.molinahealthcare.com](http://www.molinahealthcare.com).  
 Long Term Care (including the right to file a complaint with the state health department) are available at [www.molinahealthcare.com](http://www.molinahealthcare.com).  
 Self-Directed Care (including the right to file a complaint with the state health department) are available at [www.molinahealthcare.com](http://www.molinahealthcare.com).  
 Pharmacy (including the right to file a complaint with the state health department) are available at [www.molinahealthcare.com](http://www.molinahealthcare.com).  
 Transportation Services are available at [www.molinahealthcare.com](http://www.molinahealthcare.com).  
 Nurse Advice Line: For English, Spanish, Chinese, Vietnamese, and Tagalog, call 1-800-444-4444.  
 For more information regarding Molina Health Plan, call 1-800-444-4444, or visit [www.molinahealthcare.com](http://www.molinahealthcare.com).  
 Services provided by Molina Health Plan are subject to the terms and conditions of the Molina Health Plan contract.

Emergency Services: Call 911 or go to the nearest emergency room.

For more information, call 1-800-444-4444 or visit [www.molinahealthcare.com](http://www.molinahealthcare.com).

Molina Health Plan, PO Box 2000, Long Beach, CA 90801

www.molinahealthcare.com

NAME: MARES, MIGUEL A

ACT#: 24427

DOB: [REDACTED]

AGE: 59

DR: KLEIN, TERREN D MD

DOS: 07/27/16

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male

Physician: KLEIN, TERREN Section: Miscellaneous Page 2





## Preferencias de comunicación del paciente sobre su PHI

### Preferencias de comunicación por teléfono

# de Casa \_\_\_\_\_

# de Trabajo \_\_\_\_\_

# de Celular (915) 827-1024

Otro \_\_\_\_\_

Paciente: MARES, MIGUEL A

M.D. #: 24427

DOB: 07/27/1959

Physician: KLEIN, TERREN D MD

DOB: 07/27/16

### Preferencias de comunicación por correo electrónico

Dirección de correo electrónico: \_\_\_\_\_

Con el fin de servir mejor a nuestros pacientes y comunicarnos con ellos sobre sus servicios y obligaciones financieras usaremos todos los métodos de comunicación proporcionados para agilizar esas necesidades. Al proporcionar la información arriba, acepta que El Paso Day Surgery o uno de sus agentes legales o asociados pueda usar los números telefónicos proporcionados para enviarnos una notificación por texto, llamar usando un mensaje de voz auto-grabado por medio del uso de un servicio automatizado de marcación o dejar un mensaje de voz en una contestadora telefónica. Si se ha proporcionado una dirección de correo electrónico, El Paso Day Surgery o uno de sus agentes legales o asociados puede contactarme con una notificación por correo electrónico sobre mi cuidado, nuestros servicios, o mi obligación financiera.

### Preferencias de comunicación por correo:

¿Podemos enviar correo a la dirección de su hogar? (Si no, por favor proporcione una dirección postal alterna abajo) Si

Además de usted, su compañía de seguros y personal médico involucrado en el cuidado de su salud, ¿con quién podemos hablar sobre la información del cuidado de su salud? (Marque todas las que apliquen)

| Nombre                                                          | Teléfono        |
|-----------------------------------------------------------------|-----------------|
| Esposo(a) _____                                                 | _____           |
| Cuidador _____                                                  | _____           |
| <input checked="" type="checkbox"/> Hijo(a) <u>Arturo Mares</u> | <u>953-7842</u> |
| Padre/Madre _____                                               | _____           |
| Otro _____                                                      | _____           |

Reconozco que se me ha dado la oportunidad de solicitar restricciones sobre el uso y/o la divulgación de mi información protegida de salud.

Reconozco que se me ha dado la oportunidad de solicitar medios alternativos de comunicación de mi información protegida de salud.

Miguel A. Mares  
Firma del paciente o del representante personal

07/27/16

Fecha

Miguel A. Mares  
Nombre

Relación con el paciente





14115-SP-11-0017-00353-NOTICE OF PRIVACY

**ACUSE DE RECIBO DE LA NOTIFICACIÓN DE PRÁCTICAS DE PRIVACIDAD (NPP)**

Se entrega una Notificación de prácticas de privacidad (NPP, *Notice of Privacy Practices*) a todos los pacientes. Esta Notificación de prácticas de privacidad identifica: 1) el modo en que puede usarse o divulgarse su información médica; 2) sus derechos a acceder a ella, modificarla, solicitar un detalle de las divulgaciones que se hubieran hecho sobre la información médica y solicitar restricciones adicionales sobre los usos y divulgaciones que hagamos respecto de la misma; 3) sus derechos a presentar quejas, en caso de que estime que se han violado sus derechos de privacidad; y 4) nuestras obligaciones de mantener la privacidad de su información médica.

El signatario certifica que ha leído el documento que antecede, que recibió una copia de la Notificación de prácticas de privacidad (NPP) y que es el paciente o el representante personal del mismo.

Miguel A. Mares Miguel A. Mares  
Nombre del paciente Firma del paciente

9/27/16  
Fecha de la firma

\_\_\_\_\_  
Nombre del representante personal del paciente Firma del representante personal del paciente

9/27/16  
Fecha de la firma

**FOR INTERNAL USE ONLY**

Estela Garcia [Signature]  
Name of Employee Signature of Employee

If applicable, reason patient's written acknowledgement could not be obtained:

- ☐ Patient was unable to sign.  
☐ Patient refused to sign.  
☐ Other \_\_\_\_\_

\_\_\_\_\_  
(Version: As noted on NPP)

\_\_\_\_\_  
(Date: As noted on NPP)

**NOTICE OF PRIVACY PRACTICES (NPP) ACKNOWLEDGEMENT**

PATIENT

NAME: MARES, MIGUEL A  
AGE: 24427  
DOB: [REDACTED] AGE: 59  
DR: KLEIN, TERREN D MD  
DOB: 07/27/16

WRITE - MEDICAL RECORD

CARE - PATIENT

FOR - ACKNOWLEDGEMENT

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male  
Physician: KLEIN, TERREN Section Scanned Doc Page 32





## EL PASO DAY SURGERY

ACKNOWLEDGEMENT OF PATIENT RESPONSIBILITY  
RECONOCIMIENTO DE RESPONSABILIDAD DEL PACIENTE

PLEASE PROVIDE NAME AND PHONE NUMBER OF PERSON THAT WILL  
BE TAKING THE PATIENT HOME.

NAME: \_\_\_\_\_ PH #: \_\_\_\_\_

THE PERSON MENTIONED ABOVE IS EXPECTED TO STAY WITHIN OUR  
FACILITY DURING THE SURGERY UNTIL THE PATIENT HAS BEEN  
RELEASED.

SIGNATURE \_\_\_\_\_

PORFAVOR DE PROPORCIONAR EL NOMBRE Y EL NUMERO DE  
TELEFONO DE LA PERSONA QUE VA A TRANSPORTAR AL PACIENTE A LA  
CASA.

NAME: Ana Mares PH #: 253-7843

ES ESPERADO QUE LA PERSONA MENCIONADA ANTERIORMENTE  
PERMANEZCA DENTRO DE NUESTRAS INSTALACIONES DURANTE LA  
CIRUGIA HASTA QUE EL PACIENTE HAYA SIDO DADO DE ALTA.

FIRMA Miguel A. Mares

NAME: MARES, MIGUEL A  
MFS: 24427  
DOB: [REDACTED] AGE: 59  
DR: KLEIN, TERREN D MD  
DATE: 07/27/16

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : [REDACTED] Gender : Male  
Physician: KLEIN, TERREN Section Scanned Doc Page 33





**EL PASO DAY SURGERY**

Pt NAME: MARES, MIGUEL A  
 RT: 24427  
 DOB: [REDACTED] 07/27/16  
 CLIN: KLEIN, TERREN D MD  
 07/27/16

**EBOLA VIRUS DISEASE (EVD) SCREENING TOOL FOR REGISTRATION DEPARTMENT****Ebola Virus Disease (EVD) Screening**

1. Have you traveled to or been in contact with anyone who has traveled to an Ebola-affected area (West Africa: Guinea, Liberia, Nigeria, Senegal, Sierra Leone) in the past 3 weeks.  
 Yes \_\_\_\_\_ No X
2. Had close contact with someone who recently traveled to West Africa or was ill  
 Yes \_\_\_\_\_ No X
3. Had close contact with bats, rodents, or primates from West Africa Yes \_\_\_\_\_ No X
4. And if you have had a FEVER Yes \_\_\_\_\_ No X
5. If answer is yes, contact Pre-op Nurse to come to registration to question patient further regarding signs/symptoms of Ebola.
6. If signs/symptoms for Ebola present, Pre-op nurse will take patient to isolation area, using proper protocol and contact Administrator/Nurse Manager

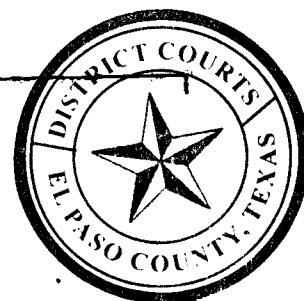
**Administrator/Nurse Manager Responsibilities**

1. The Administrator/Nurse Manager will contact Infection Prevention (through Texas Department of State Health Services at (915) 771-5702
2. El Paso CDC at (915) 834-5950 / 24hr access (866) 638-9753
3. Notify the patient's Physician.
4. Kathy Munoz, Tenet VP Patient Safety & Risk Management at (469) 893-2114

\_\_\_\_\_  
 Administrator/Nurse Manager Signature/Date/Time (To be signed if Notification Necessary)

Rev. October 13, 2014

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male  
 Physician: KLEIN, TERREN Section Scanned Doc Page 34





## FORMULARIO DE AUTORIZACION

## DIVULGACION DE INFORMACION:

Yo autorizo que el Centro pueda revelar mi "información protegida referente a la salud" (IPSI) exigido por la ley de Privacidad Federal de Identidad de la Información sobre la Salud (HIPAA). Disposiciones de la Privacidad cuales incluyen mi historial médico, la vida para parte los contribuyentes, incluyendo, pero no limitado a los aseguradores de salud, planes del cuidado de salud, los organismos estatales y federales, compensación a los trabajadores transportistas, informes requeridos por la FDA en la vida de dispositivos médicos, y mi empleador. Esto incluye una adecuada liberación de y revelación de mis registros médicos exigidos por las Disposiciones de la Privacidad a mis médicos y otros proveedores de atención de salud cuando sea necesario para el tratamiento y la salud en general. Estando en el centro para tratamiento y atención, la planta tiene permiso para revelar información pertinente a los miembros de la familia, los amigos, o designados cuidadores que estén presentes. Yo entiendo que si no estoy presente en la institución, mi información sobre la salud no será divulgada a menos que esté de acuerdo con la revelación.

## RESPONSABILIDAD FINANCIERA:

Estoy de acuerdo en pagar al Centro bajo sus condiciones y tarifas regulares, tales como el copago, coaseguro, deducible que se aplica en el momento que los servicios son prestados. Tengo entendido que el monto a pagar percibido en el momento de servicio es una estimación y gastos adicionales pueden ser acumulados durante el tiempo de servicio. Entiendo los cargos no cubiertos por mi seguro y mi responsabilidad. Incumplimientos con pagos a su balance puede ocasionar que su cuenta sea entregada a una agencia de cobro.

Términos: 30 días a partir de la fecha de factura, o menos que se indique la contraria. Colecciones deben de ser necesarias, respetuosas y a pagar está de acuerdo con los gastos de recaudación adicionales y a todos los honorarios legales de la recaudación incluidos el honorarios de abogados, costos judiciales y honorarios de inscripción.

## ASIGNACION DE LAS PRESTACIONES DEL SEGURO:

Yo autorizo pago directo al centro de cualquier beneficiario de seguro. Yo entiendo que soy responsable de los cargos no pagados por mi compañía aseguradora y estoy de acuerdo en pagar los saldos pendientes en mi cuenta no más de 55 días después de la fecha de servicio.

## DIVULGACION DE LA PROPIEDAD:

El médico que se refiere a nuestro Centro de Cirugía puede tener unos bienes de propiedad en esta planta. Usted es libre de elegir una institución para que reciba servicios. Ha sido informada de esta relación tanto por escrito como oralmente antes de la fecha de servicio.

## POLITICA DE DIRECTIVAS MEDICAS POR ADELANTADO:

Yo entiendo que hay diferentes tipos de directivas por adelantado, las dos formas más comunes son testamentos de vida y poder legal para el cuidado de la salud. Tengo entendido que en el entorno de cuidado ambulatorio, si sufro un paro cardíaco o resucitación, otra situación que pone en peligro la vida, la firma de este documento otorga el consentimiento para la resucitación y traslado a un nivel superior de atención. Consecuentemente exigido por la ley Federal, el Centro le avisa de que no se regularon las directivas médicas por adelantado firmadas previamente, pero lo tendrá al centro receptor si se le transfiere. Si esto no es aceptable para usted, usted debe tratar este tema con su médico y anestesiólogo o anestesista. Ha sido informado de nuestra política las Directivas Médicas por Adelantado tanto por escrito como oralmente antes de la fecha de servicio y entender nuestra política.

## AVISO DEL ACTO DE LA PRIVACIDAD HIPAA:

Firmo que he recibido el servicio de aviso del acto de la privacidad HIPAA he tenido la oportunidad de revisar su contenido.

NAME: MARES, MIGUEL A.  
 AUTH: 24427  
 MRN: [REDACTED] GND: 59  
 PRI: KLEIN, TERREN D MD  
 DATE: 07/27/16

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07272016 DOB: [REDACTED] Gender: Male  
 Physician: KLEIN, TERREN Section: Consent Page: 1

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07272016 DOB: [REDACTED] Gender: Male  
 Physician: KLEIN, TERREN Section: Scanned Doc Page: 35





# FORMULARIO DE AUTORIZACION

## DERECHOS DE LOS PACIENTES Y RESPONSABILIDADES:

Hecho que he recibido mis derechos de los pacientes y las responsabilidades por escrito y he comprendido lo que he leído

Hecho que he sido informado de los siguientes elementos  
 Investigación de Propiedad  
 Política de Directivas Médicas por Adelantado  
 Aviso de la Privacidad HIPAA  
 Derechos de los Pacientes y Responsabilidades

Firma del paciente o Tutor

*Miguel A. Mares*

Parentesco con el paciente (en caso necesario)

Testigo:

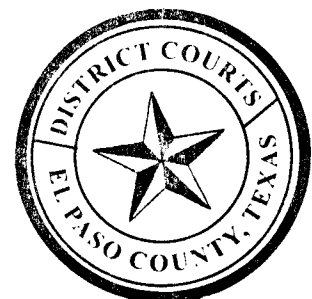
Signature

*[Signature]* 7-27-16

NAME: MARES, MIGUEL A  
 ACCT: 24427  
 DOB: [REDACTED] AGE: 59  
 DR: KLEIN, TERREN D MD  
 VIS: 07/27/16

NAME: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOS: 03/07/15 Gender: Male  
 Physician: KLEIN, TERREN Section: Cancer Page: 1

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male  
 Physician: KLEIN, TERREN Section: Scanned Doc Page: 36





## Clinical Research Study Questionnaire

Date 07/27/2016

Clinical Record ID: 0024427

1. Are you participating in a research study?

Check one ☒ Yes ☐ No ☐ Other

2. If yes, please complete the required information below:

Study Name

Name of physician conducting study

Physician contact info

Address

Phone Number

Signature of Patient or Legally Designated Representative

X *Miguel A. Mares*

7-27-16

Patient: MARES MIGUEL MRN: 0024427 DOS: 07/27/2016 DOS: [REDACTED] Gender: Male  
Physician: KLEIN, TERREN Section: Consent Page 1NAME: MARES, MIGUEL A  
ACR#: 24427  
DOB: [REDACTED] AGE: 59  
DR: KLEIN, TERREN D MD  
DOB: 07/27/16Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male  
Physician: KLEIN, TERREN Section: Scanned.Doc Page 37



Version 5.2.9.0

Allergies

☒ No allergies

☐ Unknown Allergies

Reason:

Reviewed By:

electronically signed by: HERNANDEZ, YVETTE RN on: 07/27/2016 06:23

Patient : MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : XXXXXXXXXX Gender : Male  
Physician : KLEIN, TERREN Section Allergies Page 1





Home Medication List

Version 5.2.0.1

☒ No Home Medications

☐ Admission Reconciliation Completed

☐ Discharge Reconciliation Completed

No Home Medications

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : [REDACTED] Gender : Male  
Physician : KLEIN, TERREN Section Medications Page 1





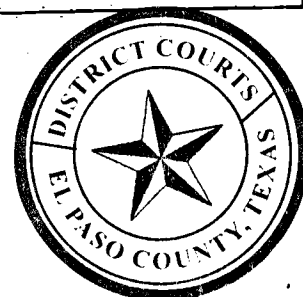
Version 4.4.4.0

Reviewed By

Reviewed By

| <u>Review Type</u> | <u>Staff</u>      | <u>Area</u> | <u>Date</u> | <u>Time</u> |
|--------------------|-------------------|-------------|-------------|-------------|
| Allergy            | HERNANDEZ, YVETTE | PreOp       | 07/27/2016  | 06:23       |
| <u>Comment</u>     |                   |             |             |             |

Patient : MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : XXXXXXXXXX Gender : Male  
Physician : KLEIN, TERREN Section Medications Page 3





Version 5.2.9.0

## Medication List

☐ Discharge Reconciliation Complete

Patient: MARES, MIGUEL

Address: [REDACTED]

DOB: [REDACTED]

Height: 0.0 Cm

Weight: 0 Kg

BMI: 0.0

Height: 0.0 In

Weight: 0 Lbs

Allergies: No Known Allergies

Continue - Not Applicable

Changed - Not Applicable

New - Not Applicable

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : [REDACTED] Gender : Male  
Physician : KLEIN, TERREN Section Medications Page 5





## Vitals

Height (in.) Weight (lbs.) BMI

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

| <u>Time</u>       | <u>Date</u> | <u>Taken By</u> | <u>Source</u>        | <u>BP</u>          | <u>Pulse</u>  | <u>Resp</u>    | <u>Temp</u> | <u>Temp. Method</u> | <u>O2L</u> |
|-------------------|-------------|-----------------|----------------------|--------------------|---------------|----------------|-------------|---------------------|------------|
| 07:42             | 07/27/2016  | HERNANDEZ, JUAN | PACU1                | 155/96             | 83            | 24             | 98.3        | Temporal-T          | 10         |
| <u>O2 Source</u>  |             | <u>O2 Sat</u>   | <u>End Tidal CO2</u> | <u>Pain Ind...</u> | <u>PT/INR</u> | <u>HGB GLU</u> |             |                     |            |
| Mask              |             | 94              | 0                    |                    |               |                |             |                     |            |
| <u>Time</u>       | <u>Date</u> | <u>Taken By</u> | <u>Source</u>        | <u>BP</u>          | <u>Pulse</u>  | <u>Resp</u>    | <u>Temp</u> | <u>Temp. Method</u> | <u>O2L</u> |
| 07:45             | 07/27/2016  | HERNANDEZ, JUAN | PACU1                | 152/97             | 84            | 20             |             |                     | 10         |
| <u>O2 Source</u>  |             | <u>O2 Sat</u>   | <u>End Tidal CO2</u> | <u>Pain Ind...</u> | <u>PT/INR</u> | <u>HGB GLU</u> |             |                     |            |
| Mask              |             | 97              | 0                    |                    |               |                |             |                     |            |
| <u>Time</u>       | <u>Date</u> | <u>Taken By</u> | <u>Source</u>        | <u>BP</u>          | <u>Pulse</u>  | <u>Resp</u>    | <u>Temp</u> | <u>Temp. Method</u> | <u>O2L</u> |
| 07:50             | 07/27/2016  | HERNANDEZ, JUAN | PACU1                | 136/84             | 84            | 19             |             |                     | 10         |
| <u>O2 Source</u>  |             | <u>O2 Sat</u>   | <u>End Tidal CO2</u> | <u>Pain Ind...</u> | <u>PT/INR</u> | <u>HGB GLU</u> |             |                     |            |
| Mask              |             | 98              | 0                    |                    |               |                |             |                     |            |
| <u>Time</u>       | <u>Date</u> | <u>Taken By</u> | <u>Source</u>        | <u>BP</u>          | <u>Pulse</u>  | <u>Resp</u>    | <u>Temp</u> | <u>Temp. Method</u> | <u>O2L</u> |
| 07:55             | 07/27/2016  | HERNANDEZ, JUAN | PACU1                | 143/93             | 75            | 18             |             |                     | 10         |
| <u>O2 Source</u>  |             | <u>O2 Sat</u>   | <u>End Tidal CO2</u> | <u>Pain Ind...</u> | <u>PT/INR</u> | <u>HGB GLU</u> |             |                     |            |
| Mask              |             | 98              | 0                    |                    |               |                |             |                     |            |
| <u>Time</u>       | <u>Date</u> | <u>Taken By</u> | <u>Source</u>        | <u>BP</u>          | <u>Pulse</u>  | <u>Resp</u>    | <u>Temp</u> | <u>Temp. Method</u> | <u>O2L</u> |
| 08:00             | 07/27/2016  | HERNANDEZ, JUAN | PACU1                | 133/88             | 72            | 20             |             |                     | 10         |
| <u>O2 Source</u>  |             | <u>O2 Sat</u>   | <u>End Tidal CO2</u> | <u>Pain Ind...</u> | <u>PT/INR</u> | <u>HGB GLU</u> |             |                     |            |
| Mask              |             | 98              | 0                    |                    |               |                |             |                     |            |
| <u>Time</u>       | <u>Date</u> | <u>Taken By</u> | <u>Source</u>        | <u>BP</u>          | <u>Pulse</u>  | <u>Resp</u>    | <u>Temp</u> | <u>Temp. Method</u> | <u>O2L</u> |
| 08:15             | 07/27/2016  | HERNANDEZ, JUAN | PACU1                | 149/99             | 74            | 20             |             |                     | 10         |
| <u>O2 Source</u>  |             | <u>O2 Sat</u>   | <u>End Tidal CO2</u> | <u>Pain Ind...</u> | <u>PT/INR</u> | <u>HGB GLU</u> |             |                     |            |
| Mask              |             | 97              | 0                    |                    |               |                |             |                     |            |
| <u>Time</u>       | <u>Date</u> | <u>Taken By</u> | <u>Source</u>        | <u>BP</u>          | <u>Pulse</u>  | <u>Resp</u>    | <u>Temp</u> | <u>Temp. Method</u> | <u>O2L</u> |
| 08:30             | 07/27/2016  | HERNANDEZ, JUAN | PACU2                | 137/88             | 72            | 18             |             |                     |            |
| <u>O2 Source</u>  |             | <u>O2 Sat</u>   | <u>End Tidal CO2</u> | <u>Pain Ind...</u> | <u>PT/INR</u> | <u>HGB GLU</u> |             |                     |            |
| Room Air          |             | 93              | 0                    |                    |               |                |             |                     |            |
| *See Footnote #1* |             |                 |                      |                    |               |                |             |                     |            |

Reviewed By:

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : XXXXXXXXXX Gender : Male  
 Physician : KLEIN, TERREN Section PreOp Page 1  
 Footnote information follows on page 2





## PreOp / Vitalsv42 - Footnote Information:

1) 

| <u>Time</u>      | <u>Date</u>   | <u>Taken By</u>      | <u>Source</u>      | <u>BP</u>      | <u>Pulse</u> | <u>Resp</u> | <u>Temp</u> | <u>Temp. Method</u> | <u>O2L</u> |
|------------------|---------------|----------------------|--------------------|----------------|--------------|-------------|-------------|---------------------|------------|
| 08:55            | 07/27/2016    | HERNANDEZ, JUAN      | PACU2              | 131/82         | 68           | 20          | 98          | Temporal-T          |            |
| <u>O2 Source</u> | <u>O2 Sat</u> | <u>End Tidal CO2</u> | <u>Pain Ind...</u> | <u>PT/ INR</u> | <u>HGB</u>   | <u>GLU</u>  |             |                     |            |
| Room Air         | 95            |                      | 0                  |                |              |             |             |                     |            |

Patient : MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : [REDACTED] Gender : Male  
 Physician : KLEIN, TERREN Section: PreOp Page 2  
 End of Footnote Information





|             |                   |
|-------------|-------------------|
| PreOp Staff | HERNANDEZ, YVETTE |
|-------------|-------------------|

|                |       |
|----------------|-------|
| PreOp End Time | 06:37 |
|----------------|-------|

☐ Accompanied by Responsible Adult \_\_\_\_\_

**NPO**

[REDACTED] [REDACTED] [REDACTED]

|               |  |  |
|---------------|--|--|
| Mental Status |  |  |
|---------------|--|--|

|                        |  |  |
|------------------------|--|--|
| Level of Consciousness |  |  |
|------------------------|--|--|

Ambulatory Status: ☐ Gait Steady ☐ Other

Cardiovascular: ☐ WNL ☐ EKG ☐ NSR ☐ Other \_\_\_\_\_

☐ Pacemaker    ☐ AICD

Respiratory: ☐ Breath Sounds Clear to Auscultation ☐ Other: \_\_\_\_\_Pain Scale:  Pain Location: 

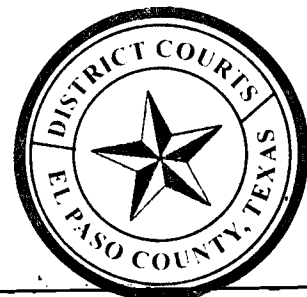
Language  ☐ Hearing Impaired Special Needs

**Skin:** \_\_\_\_\_

☐ Intact   ☐ Eczema   ☐ Skin Cancer   ☐ Psoriasis   ☐ Body Jewelry. \_\_\_\_\_

|                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> Other: |  |
|---------------------------------|--|

Physician : KLEIN, TERREN Section PreOp Page 3





## Pre-Operative Assessment - Page 2

Gastrointestinal: ☐ Abdomen Soft/Non Distended ☐ OtherMusculoskeletal History ☐ VNL
☐ Arthritis ☐ Limited ROM ☐ Neck Problems ☐ Amputations ☐ Paralysis  
☐ Back Problems ☐ Prosthesis ☐ Other
Genitourinary: ☐ Not Applicable Last Void TimeLast Menstrual Period ☐ Not Applicable hCG ☐ POS ☐ NEG

## Endocrine Assessment

Blood Sugar ☐ Not Applicable Taken By ☐ Patient ☐ StaffDiabetes ☐ Type I ☐ Type II ☐ Hypoglycemia ☐ Thyroid Disease ☐ Steroid Therapy

## Surgical Site

☐ Surgical Site Hair Removal Type of Hair RemovalIV Start: ☐ IV Not Applicable

Time Inserted 06:05

Inserted By HERNANDEZ, YVETTE

IV Site ☐ Right ☒ Left

Hand

Catheter Gauge 20G

Attempts 1

Attempt Sites

Solution LR

Size 1000mL

Other Meds

☐ NS LocPiggy Back Line ☐ Not Applicable

Time Started

Solution

Medication Added

Time Ended

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: Gender: Male  
 Physician: KLEIN, TERREN Section PreOp Page 4





## Pre-Operative Assessment - Page 3

Anesthetic: ☒ Not Applicable☐ Block by:

Block Completed At

Site:

Block Time Out

Oxygen Applied Via

O2 L/min

## Patient Belongings

☐ Glasses☐ Contacts☐ Hearing Aids☐ Dentures☐ Jewelry☐ Prostheses☐ Other:

## To OR Via

☒ Stretcher☐ Ambulatory☐ Camed☐ Other:

## PreOp RN

Signature:

electronically signed by HERNANDEZ, YVETTE, RN on 07/27/2016 06:22

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male  
 Physician: KLEIN, TERREN Section PreOp Page 5





## Surgical Safety Checklist Pre Op - Page 1

## Preoperative Area

H & P  $\pm$  30 Days ☒ ☐ N/A  
 OR Consent  $\pm$  30 Days ☒ ☐ N/A  
 Anesthesia Consent ☒ ☐ N/A  
 Conscious Sedation Consent ☐ ☒ N/A  
 Surgery Orders ☐ N/A ☒  $\pm$  30 Days  
 Labs/EKG/X-Rays ☐ N/A ☒ On chart  
 Antibiotics ☒ N/A ☐ Ordered  
 Site ☐ N/A ☒ Marked ☐ Wristband  
 Patient Ready for OR ☒

## Pre-Op RN

Signature: electronically signed by HERNANDEZ, YVETTE, RN on 07/27/2016 06:22

By the patient/parent/guardian or representative

☒ Confirm about patient, ID #, surgeon, anesthetic, procedure, site, side  
 Site: ☐ N/A ☒ Marked  
☒ Wristband ☒ Allergies Reviewed ☒ Anesthesia Safety Check ☒ Airway Issues Addressed  
☒ Inpatient Special Equipments Added

## Circulator RN

Signature: electronically signed by SOSA, ROSA on 07/27/2016 07:21

## Time Out 1 min OR - before skin incision

Time Out Time: 07:02

☒ All team members introduce themselves by name and role  
☒ All team members verbally confirm Patient, procedure, site, with mark visible within draped field, pm  
☒ Risk evaluated - Alcohol prep evaporated, high risk potential reviewed ☐ N/A  
☐ VTE Risk evaluated: ☐ N/A ☒ SCDs in place  
☒ Hypothermia risk, warmer in place ☐ N/A

## Anticipated Critical Events:

☒ Surgeon: Critical steps, Expected operative duration, Anticipated EBL, Specimens  
☒ Anesthesia: Patient-specific concerns  
☒ Nursing: Issues or concerns, Drugs/solutions labeled, sterility confirmed, equipment functioning properly

Preoperative prophylactic antibiotics: ☐ N/A ☒ Given within 60 minutes and documented accurately

Essential Imaging: ☒ N/A ☐ Displayed

## Circulator RN

Signature: electronically signed by SOSA, ROSA on 07/27/2016 07:21

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : XXXXXXXXXX Gender : Male  
 Physician : KLEIN, TERREN Section PreOp Page 5





Version 4.4.7.0

## Intake and Output

Patient **MARES, MIGUEL**Case **07/27/2016**

## Intake

| Date       | Time  | Area    | Intake (mL)        | Type      |
|------------|-------|---------|--------------------|-----------|
| 07/27/2016 | 07:42 | IntraOp | Intravenous (1400) | LR        |
| 07/27/2016 | 08:18 | PACU2   | Oral (100)         | Ice Water |
| 07/27/2016 | 08:40 | PACU2   | Intravenous (300)  | Ir        |

## Intake Totals

Pre-OP Total : 0

Intra-OP Total : 1400

PACU1 Total : 0

PACU2 Total : 400

Extended Care Total : 0

PAT Total : 0

24 Hour Total : 1800

Patient : MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : XXXXXXXXXX Gender : Male  
 Physician : KLEIN, TERREN Section PreOp Page 7





**PreOp Nurse Notes**

Refer to paper chart for complete chart.

**RN Signature:**

**Signature:**

electronically signed by HERNANDEZ, YVETTE, RN on 07/27/2016 12:38

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male  
Physician: KLEIN, TERREN Section PreOp Page 8





## Surgical Safety Checklist Intra Op - Page 1

## Preoperative Area

Hx of X-ray ☒   
 Hx of Anesthesia ☒   
 Anesthesia (Type) ☒ ☐ N/A   
 Conscious Sedation Consent ☐ ☒ N/A   
 Surgery Order ☐ N/A ☒ < 30 Days   
 Lab/Imaging ☐ N/A ☒ On chart   
 Anticoagants ☒ N/A ☐ Ordered   
 Site ☐ N/A ☒ Marked ☐ Marked   
 Patient ready for OR ☒

## Pre-Op RN

Signature: electronically signed by HERNANDEZ, YVETTE, RN on 07/27/2016 05:23

## Intra-Op - Circulator: RN

☒ Confirm about patient: ID x 2, surgeon, consent, procedure, site/side   
 Site: ☐ N/A ☒ Marked   
☒ Wristband ☒ Allergies Reviewed ☒ Anesthesia Safety Check ☒ Airway Issues Addressed   
☒ Implants / Special Equipment / Blood

## Circulator: RN

Signature: electronically signed by SOSA, ROSA on 07/27/2016 07:21

## Time Out: Time Out - before skin incision

Time Out Time: 07:02

☒ All team members introduce themselves by name and role   
☒ All team members verbally confirm: Patient, procedure, site, with mark visible within draped field, pm   
☒ Fire risk evaluated - Alcohol prep evaporated, high risk potential reviewed ☐ N/A   
☐ VTE Risk evaluated: ☐ N/A ☒ SCDs in place   
☒ Hypothermia risk, warmer in place ☐ N/A

## Anticipated Critical Events:

☒ Surgeon: Critical steps, Expected operative duration, Anticipated EBL, Specimens   
☒ Anesthesia: Patient-specific concerns   
☒ Nursing: Issues or concerns, Drugs/solutions labeled, sterility confirmed, equipment functioning properly

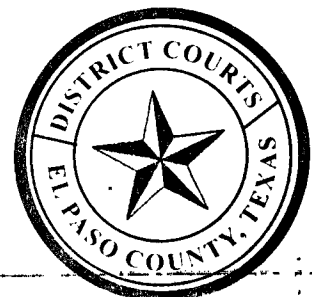
Preoperative prophylactic antibiotics: ☐ N/A ☒ Given within 60 minutes and documented accurately

Essential Imaging: ☒ N/A ☐ Deployed

## Circulator: RN

Signature: electronically signed by SOSA, ROSA on 07/27/2016 07:21

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male   
 Physician: KLEIN, TERREN Section IntraOp Page 1





Version 4.5.11.0

## Implants

| <u>Description</u>                                                | <u>Site</u>         | <u>Key</u>           | <u>Qty Sched</u> | <u>Qty Used</u> | <u>Qty Returned</u> | <u>Qty Wasted</u> | <u>Serial#</u> | <u>Lot#</u>  | <u>Exp. Date</u> |
|-------------------------------------------------------------------|---------------------|----------------------|------------------|-----------------|---------------------|-------------------|----------------|--------------|------------------|
| IMPLANT SUT<br>ANCHOR,<br>BIOCOMPOSITE<br>5.5MM (AR-<br>1927BCNF) | R Right<br>Shoulder | AR-<br>1927BCNF<br>F | 0                | 1               | 0                   | 0                 |                | 100277<br>07 | 01/31/2018       |
| <u>Comments</u>                                                   |                     |                      |                  |                 |                     |                   |                |              |                  |
| ARTHREX REF AR1927BCNF                                            |                     |                      |                  |                 |                     |                   |                |              |                  |

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : XXXXXXXXXX Gender : Male  
Physician : KLEIN, TERREN Section IntraOp Page 2





## Surgical Safety Checklist Intra Op - Page 2

## Before patient leaves OR

- ☒ Confirm diagnosis and procedure performed
- ☒ All final counts correct ☐ Counts not applicable for procedure
- ☐ Specimens: how labeled and disposition ☒ N/A
- ☐ Equipment problems to be addressed ☒ N/A
- ☒ Surgery, anesthesia and nursing review concerns re: transfer/night in PACU/Other

## Circulator RN:

Signature: electronically signed by SOSA, ROSA on 07/27/2016 07:22

## Anesthesiology transfer to PACU/Other

- ☒ Patient: identity, name, age, weight
- ☒ Surgeon: procedure, diagnosis
- ☒ Medical history:
- Sedatives, narcotics, reversal agents
- Muscle relaxants, recovery
- Anticipation and analgesia (if not)
- ☒ Anesthetic management ☐ N/A
- Sedatives, narcotics, reversal agents
- Muscle relaxants, recovery
- Anticipation and analgesia (if not)
- ☒ Summary of fluid balance ☐ N/A
- CBL and urine output
- Fluids and blood components
- ☒ Initial Care:
- Pulse ox, BP, EKG, temp
- Resp: airway, oxygenation, ventilation
- Hemodynamics, fluids, vasopressors
- Expected vital signs and LOC
- Pain: assessment and plan of care
- Critical values / pending lab tests
- Disposition: Home, floor, other

## PACU RN

Signature: electronically signed by HERNANDEZ, JUAN on 07/27/2016 07:56

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : XXXXXXXXXX Gender : Male  
 Physician : KLEIN, TERREN Section IntraOp Page 3





## Intra-Operative Assessment - Page 1

## Pre-Operative Diagnosis:

S46 811A STRAIN OF OTHER MUSCLES FASCIA AND TENDONS AT SHOULDER AND UPPER ARM LEVEL RIGHT ARM INITIAL ENCOUNTER.

## Post-Operative Diagnosis:

SAME

## Scheduled Operative Procedure:

Rt Shoulder Rotator Cuff Repair - Right, ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL LIGAMENT RELEASE;

## Performed Operative Procedure:

OPEN RIGHT SHOULDER ROTATOR CUFF REPAIR

|                        |                    |                   |               |
|------------------------|--------------------|-------------------|---------------|
| Date:                  | 07/27/2016         | OR#:              | OR#2          |
| Pt. in Room:           | 06:38              | Pt. Out of Room:  | 07:42         |
| Procedure Start:       | 07:02              | Procedure Finish: | 07:35         |
| Anes. Start:           | 06:38              | Anes. Finish:     | 07:46         |
| Anesthesia Type:       | General Adult      | ASA               | 2             |
| Anesthesiologist/CRNA: | VADILATIFF, HELENA |                   |               |
| Surgeon:               | KLEIN, TERREN      | Assistant:        | A CORDOVA LSA |
| Circulator I:          | SOSA, ROSA         | In Time:          | 06:38         |
|                        |                    | Out Time:         | 07:42         |
| Circulator II:         |                    | In Time:          |               |
|                        |                    | Out Time:         |               |
| Scrub I:               | GALLARDO, FRANK    | In Time:          | 06:38         |
|                        |                    | Out Time:         | 07:42         |
| Scrub II:              | ORTEGA, ELISA      | In Time:          | 06:38         |
|                        |                    | Out Time:         | 07:42         |

To OR via: ☒ Stretcher ☐ Ambulatory ☐ Carried ☐ OtherNPO ☐ ☐ Comments ☐Level of Consciousness: Sedated ☐

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : ☐ Gender : Male  
 Physician : KLEIN, TERREN Section IntraOp Page 4





## Intra-Operative Assessment Pg2

## Musculoskeletal Status

☒ VNL   ☐ Traction   ☐ Paralysis   ☐ Prosthesis   ☐ Recent surgery affecting positioning   ☐ Limited ROM  
☐ Amputation   ☐ Use of assisted device   ☐ Other \_\_\_\_\_

## Position

☐ Supine   ☐ Prone   ☐ Trendelenberg   ☒ Beach Chair   ☐ Lateral   ☐ Right   ☐ Left  
☐ Jackknife   ☒ Safety Strap Applied   Location: ☐ Arms   ☐ Calf   ☒ Thighs   ☐ Torso  
☐ Other: \_\_\_\_\_

Position Tools ☐ Not Used

☐ Padded Arm Boards   ☐ Right   ☐ Left  
☐ Ulnar Protectors   ☐ Right   ☐ Left  
☐ Arms Tucked   ☐ Right   ☐ Left  
☐ Shoulder Rolls   ☐ Chest Rolls  
☐ Pillows, Towels, Blankets   UNDER KNEES  
☐ Sandbags   \_\_\_\_\_  
☒ Foam Pads   \*See Footnote #2  
☐ Hand Table   ☐ Arthroscopy Knee Holder   ☐ Right   ☐ Left  
☐ Other: \_\_\_\_\_

Positioned By: DR KLEIN AND A CORDOVA

☐ Finger Traps   ☐ Right   ☐ Left  
☐ U-Shaped Arm Holder  
☐ Shoulder Traction   ☐ Right   ☐ Left   \_\_\_\_\_ lbs  
☐ Arm Abducted <90 degrees   ☐ Right   ☐ Left  
☒ Head Rest  
☐ Axillary Roll  
☐ Bean Bag  
☐ Footboard  
☐ Beach Chair Table  
☐ Lateral Position   ☐ Right   ☐ Left  
☐ Prone Pillow  
☐ Forked Thigh

## IV Start

☒ IV Not Applicable

Time Inserted

Inserted By

IV Site

☐ Right   ☐ Left

Catheter Gauge

Attempts

Attempt Sites

Solution

Size

Total Amount  
Infused☐ NS Loc

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : \_\_\_\_\_ Gender : Male  
 Physician : KLEIN, TERREN Section IntraOp Page 5  
 Footnote information follows on page 6

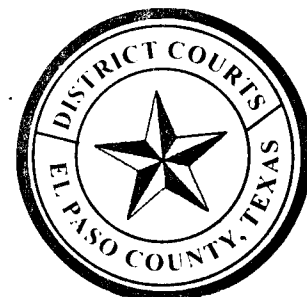




IntraOp / EPSO IntraOp Ortho Pg 2v2 - Footnote Information:

- 2) UNDER HEELS AND ANKLES, ARM CRADLE TO LEFT ARM

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : [REDACTED] Gender : Male  
Physician : KLEIN, TERREN Section IntraOp Page 6  
End of Footnote Information





## Intra-Operative Assessment - Page 3

Risk for Infection ☐ Not Applicable☒ Skin Intact Pre-Op☐ Other☒ Skin Intact Post-Op☐ Other

Skin Prep

☐ Not Applicable

Skin Prep Completed By

SOSA, ROSA

☐ Betadine Solution☐ Alcohol☒ Chlorhexidine Gluconate☐ Preval☐ Betadine Scrub☐ Hibiscans☐ Other

Prep Site

RIGHT SHOULDER AND ARM

Wound Classification

☐ I: Clean☐ II: Clean - Contaminated☐ III: Contaminated☐ IV: Dirty - Infected

Risk for Hypothermia

☐ Not Applicable☐ Warming Blanket Applied☐ Warm IV Fluid☐ Warm Irrigation☒ Other

WARM BLANKETS APPLIED

Risk for Injury

VTE Prophylaxis

☐ Not Used

TED Stockings

☐ Yes☒ No

Sequential Stockings

☒ Yes☐ No

Unit #

E48405

☐ Other

Electrical Equipment

☐ Not Used

Electrosurgical Unit #

04HGE008

Bipolar

Settings Cut

40

COAG

40

Monopolar

Blend

☒ Grounding Pad Site

LEFT THIGH

Lot#

201604194

Applied By

SOSA, ROSA

Tourniquet #1

☒ Not Used☐ Tourniquet Unit #

Pressure At

Location:

Arm

☐ Right☐ Left

Thigh

☐ Right☐ Left

Ankle

☐ Right☐ Left☐ Other

Up

Down

Tourniquet #2

☒ Not Used☐ Tourniquet Unit #

Pressure At

Location:

Arm

☐ Right☐ Left

Thigh

☐ Right☐ Left

Ankle

☐ Right☐ Left☐ Other

Up

Down

C-Arm Unit

☐ A☐ B

Fluoro Time

min

sec

Patient/Staff Protection

☐ Yes☐ No

Counts

1st Count

2nd Count

3rd Count

Sponge

☒ Correct☒ Correct☐ Correct☐ Incorrect☐ Not Applicable

Sharps

☒ Correct☒ Correct☐ Correct☐ Incorrect☐ Not Applicable

Needles

☒ Correct☒ Correct☐ Correct☐ Incorrect☐ Not Applicable

Instruments

☐ Correct☐ Correct☐ Correct☐ Incorrect☐ Not Applicable☐ Surgeon Notified of Counts

RN

SOSA, ROSA

Scrub

GALLARDO, FRANK

If Counts Incorrect: X-Ray Taken

☐ Yes☐ No

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: Gender: Male

Physician: KLEIN, TERREN Section IntraOp Page 7





## Intra-Operative Assessment Pg4

Drains/Catheters ☒ Not Used

| Type:                                  | Size: | Inserted By: | Drain Location: |
|----------------------------------------|-------|--------------|-----------------|
| <input type="checkbox"/> Foley         |       |              |                 |
| <input type="checkbox"/> Jackson Pratt |       |              |                 |
| <input type="checkbox"/> Penrose       |       |              |                 |
| <input type="checkbox"/> Other Drain   |       |              |                 |
|                                        |       |              |                 |

Dressings ☐ Not Applicable

☒ 4x4 ☒ ABD ☐ Aoa Wrap ☐ Adaptive ☐ Brace/Immobilizer ☐ Coban ☐ Cold Therapy Unit ☐ Conform  
☐ Cotton Ball ☐ Dermabond ☐ Fruits ☐ Immobilizer ☐ Kerloc/Kling ☐ Mastsol ☐ Sling ☐ Splint/Cast ☐ Steri-Strips  
☒ Tape ☐ Tegaderm ☐ Soft Roll ☒ Xeroform ☐ Other

 Packing: ☐ Yes ☐ No Site: Type:

Irrigation: ☐ Not Used

Type: 0.9% NACL Amount: 500mL

## OR Discharge Assessment:

- ☒ Patient's surgery/procedure performed using aseptic technique and in a manner to prevent cross-contamination.  
☒ Skin remains smooth, intact, non-reddened, non-irritated, free of bruising.  
☒ Core body temperature remains in expected range.

Patient Discharged To:

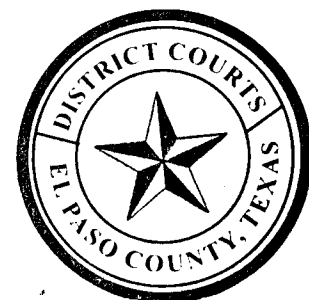
☒ PACU ☐ Other Via Wheelchair

Report Given To: HERNANDEZ, JUAN

RN:

Signature:

electronically signed by SOSA, ROSA on 07/27/2016 08:23

 Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: Gender: Male  
 Physician: KLEIN, TERREN Section IntraOp Page 6




**IntraOp Nurse Notes**

INTERSCALENE BLOCK TO RIGHT SHOULDER DONE BY DR H LATTIFF PRIOR TO INDUCTION. AFTER INDUCTION POSITIONED SEMI FOWLERS BY DR KLEIN AND A CORDOVA LSA. PILLOW UNDER KNEES. FOAM PADS UNDER HEELS AND ANKLES ARM CRADLE TO LEFT ARM AND SECURED ACROSS CHEST WL TAPE ALL BONEY PROMINENCES PADDED, SAFETY BELT IN PLACE.

**RN Signature:**

Signature: electronically signed by SOSA, ROSA on 07/27/2016 07:17

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : [REDACTED] Gender : Male  
Physician : KLEIN, TERREN Section IntraOp Page 9





Version 4.4.7.0

## Intake and Output

Patient: MARES, MIGUEL

Case: 07/27/2016

## Intake

| Date       | Time  | Area    | Intake (mL)        | Type      |
|------------|-------|---------|--------------------|-----------|
| 07/27/2016 | 07:42 | IntraOp | Intravenous (1400) | LR        |
| 07/27/2016 | 08:18 | PACU2   | Oral (100)         | Ice water |
| 07/27/2016 | 08:40 | PACU2   | Intravenous (300)  | fr        |

## Intake Totals

Pre-OP Total : 0

Intra-OP Total : 1400

PACU1 Total : 0

PACU2 Total : 400

Extended Care Total : 0

PAT Total : 0

24 Hour Total : 1800

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male  
 Physician: KLEIN, TERREN Section IntraOp Page 10





### Operative Report

Patient: MARES, MIGUEL

Date of Procedure: 07/27/2016

Preoperative Diagnosis:

S46.811A STRAIN OF OTHER MUSCLES FASCIA AND TENDONS AT SHOULDER AND UPPER ARM LEVEL RIGHT ARM INITIAL ENCOUNTER:

Postoperative Diagnosis:

SAME

Planned Procedure:

Rt Shoulder Rotator Cuff Repair - Right, ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL LIGAMENT RELEASE:

Performed Procedure:

OPEN RIGHT SHOULDER ROTATOR CUFF REPAIR

Surgeon: KLEIN, TERREN

Anesthesiologist: ☐ N/A ☒ VADI-LATIFF, HELENA

Complications: ☐ None ☐ See Dictation ☐

Signature:

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : Gender : Male  
Physician : KLEIN, TERREN Section IntraOp Page 11





**Surgical Safety Checklist PACU - Page 2****Before patient leaves OR**

- ☒ Confirm diagnosis and procedure performed
- ☒ An final count correct ☐ Cabinet not appropriate to procedure
- ☐ Specimens how labeled and disposition ☒ N/A
- ☐ Equipment problems to be addressed ☒ N/A
- ☒ Surgery, anesthesia and nursing review concerns re. transferring to PACU/Other

**Circulator RN**

Signature: electronically signed by SOSA, ROSA on 07/27/2016 07:22

**Anesthesiology Transfer to PACU/Other**

- ☒ Patient identity: name, age, weight
- ☒ Surgical procedure/diagnosis
- ☒ Medical History:
- Significant concomitant disease
- Medications, allergies
- ☒ Anesthetic management: ☐ N/A
- Sedatives, narcotics, reversal agents
- Muscle relaxants, recovery
- Antiemetics and antibiotics (time)
- ☒ Summary of fluid balance: ☐ N/A
- EBL and urine output
- Fluids and blood components
- ☒ Intra Care:
- Pulse ox, BP, EKG, temp
- Resp: airway, oxygenation, ventilation
- Hemodynamics, fluids, vasopressors
- Expected vital signs and LOC
- Pain: assessment and plan of care
- Critical values/ pending lab tests
- Disposition: Home, floor, other

**PACU RN**

Signature: electronically signed by HERNANDEZ, JUAN on 07/27/2016 07:56

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : ██████████ Gender : Male  
 Physician : KLEIN, TERREN Section PostOp Page 1





Version 5.2.10.5

## Vitals

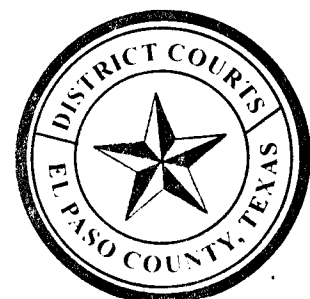
Height (In.) Weight (lbs.) BMI

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

| <u>Time</u>       | <u>Date</u> | <u>Taken By</u> | <u>Source</u>        | <u>BP</u>          | <u>Pulse</u>  | <u>Resp</u> | <u>Temp</u> | <u>Temp. Method</u> | <u>O2L</u> |
|-------------------|-------------|-----------------|----------------------|--------------------|---------------|-------------|-------------|---------------------|------------|
| 07:42             | 07/27/2016  | HERNANDEZ, JUAN | PACU1                | 156/96             | 83            | 24          | 98.3        | Temporal-T          | 10         |
| <u>O2 Source</u>  |             | <u>O2 Sat</u>   | <u>End Tidal CO2</u> | <u>Pain Ind...</u> | <u>PT/INR</u> | <u>HGB</u>  | <u>GLU</u>  |                     |            |
| Mask              |             | 94              | 0                    |                    |               |             |             |                     |            |
| <u>Time</u>       | <u>Date</u> | <u>Taken By</u> | <u>Source</u>        | <u>BP</u>          | <u>Pulse</u>  | <u>Resp</u> | <u>Temp</u> | <u>Temp. Method</u> | <u>O2L</u> |
| 07:46             | 07/27/2016  | HERNANDEZ, JUAN | PACU1                | 152/97             | 84            | 20          |             |                     | 10         |
| <u>O2 Source</u>  |             | <u>O2 Sat</u>   | <u>End Tidal CO2</u> | <u>Pain Ind...</u> | <u>PT/INR</u> | <u>HGB</u>  | <u>GLU</u>  |                     |            |
| Mask              |             | 97              | 0                    |                    |               |             |             |                     |            |
| <u>Time</u>       | <u>Date</u> | <u>Taken By</u> | <u>Source</u>        | <u>BP</u>          | <u>Pulse</u>  | <u>Resp</u> | <u>Temp</u> | <u>Temp. Method</u> | <u>O2L</u> |
| 07:50             | 07/27/2016  | HERNANDEZ, JUAN | PACU1                | 136/84             | 84            | 19          |             |                     | 10         |
| <u>O2 Source</u>  |             | <u>O2 Sat</u>   | <u>End Tidal CO2</u> | <u>Pain Ind...</u> | <u>PT/INR</u> | <u>HGB</u>  | <u>GLU</u>  |                     |            |
| Mask              |             | 98              | 0                    |                    |               |             |             |                     |            |
| <u>Time</u>       | <u>Date</u> | <u>Taken By</u> | <u>Source</u>        | <u>BP</u>          | <u>Pulse</u>  | <u>Resp</u> | <u>Temp</u> | <u>Temp. Method</u> | <u>O2L</u> |
| 07:55             | 07/27/2016  | HERNANDEZ, JUAN | PACU1                | 143/93             | 75            | 18          |             |                     | 10         |
| <u>O2 Source</u>  |             | <u>O2 Sat</u>   | <u>End Tidal CO2</u> | <u>Pain Ind...</u> | <u>PT/INR</u> | <u>HGB</u>  | <u>GLU</u>  |                     |            |
| Mask              |             | 98              | 0                    |                    |               |             |             |                     |            |
| <u>Time</u>       | <u>Date</u> | <u>Taken By</u> | <u>Source</u>        | <u>BP</u>          | <u>Pulse</u>  | <u>Resp</u> | <u>Temp</u> | <u>Temp. Method</u> | <u>O2L</u> |
| 08:00             | 07/27/2016  | HERNANDEZ, JUAN | PACU1                | 133/88             | 72            | 20          |             |                     | 10         |
| <u>O2 Source</u>  |             | <u>O2 Sat</u>   | <u>End Tidal CO2</u> | <u>Pain Ind...</u> | <u>PT/INR</u> | <u>HGB</u>  | <u>GLU</u>  |                     |            |
| Mask              |             | 98              | 0                    |                    |               |             |             |                     |            |
| <u>Time</u>       | <u>Date</u> | <u>Taken By</u> | <u>Source</u>        | <u>BP</u>          | <u>Pulse</u>  | <u>Resp</u> | <u>Temp</u> | <u>Temp. Method</u> | <u>O2L</u> |
| 08:15             | 07/27/2016  | HERNANDEZ, JUAN | PACU1                | 149/99             | 74            | 20          |             |                     | 10         |
| <u>O2 Source</u>  |             | <u>O2 Sat</u>   | <u>End Tidal CO2</u> | <u>Pain Ind...</u> | <u>PT/INR</u> | <u>HGB</u>  | <u>GLU</u>  |                     |            |
| Mask              |             | 97              | 0                    |                    |               |             |             |                     |            |
| <u>Time</u>       | <u>Date</u> | <u>Taken By</u> | <u>Source</u>        | <u>BP</u>          | <u>Pulse</u>  | <u>Resp</u> | <u>Temp</u> | <u>Temp. Method</u> | <u>O2L</u> |
| 08:30             | 07/27/2016  | HERNANDEZ, JUAN | PACU2                | 137/88             | 72            | 18          |             |                     |            |
| <u>O2 Source</u>  |             | <u>O2 Sat</u>   | <u>End Tidal CO2</u> | <u>Pain Ind...</u> | <u>PT/INR</u> | <u>HGB</u>  | <u>GLU</u>  |                     |            |
| Room Air          |             | 93              | 0                    |                    |               |             |             |                     |            |
| *See Footnote #3* |             |                 |                      |                    |               |             |             |                     |            |

Reviewed By:

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : XXXXXXXXXX Gender : Male  
 Physician : KLEIN, TERREN Section PostOp Page 2  
 Footnote information follows on page 3





## PostOp/Vitalsv42 - Footnote Information:

3)

| Time      | Date       | Taken By        | Source      | BP     | Pulse | Resp | Temp | Temp. Method | O2L |
|-----------|------------|-----------------|-------------|--------|-------|------|------|--------------|-----|
| 08:55     | 07/27/2016 | HERNANDEZ, JUAN | PACU2       | 131/82 | 68    | 20   | 96   | Temporal-T   |     |
| O2 Source | O2 Sat     | End Tidal CO2   | Pain Ind... | PT/INR | HGB   | GLU  |      |              |     |
| Room Air  | 95         |                 | 0           |        |       |      |      |              |     |

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: [REDACTED] Gender: Male  
 Physician: KLEIN, TERREN Section PostOp Page 3  
 End of Footnote Information





## PACU I Assessment - Page 1

PACU I Staff HERNANDEZ, JUAN PACU I Start 07:42 PACU I End 08:14

☒ Patient Identity Confirmed

Patient Transported to PACU via Stretcher Other

Surgeon KLEIN, TERREN

Anesthesia Provider VADI-LATIFF, HELENA

Anesthesia Type General Adult

## Performed Procedures

OPEN RIGHT SHOULDER ROTATOR CUFF REPAIR

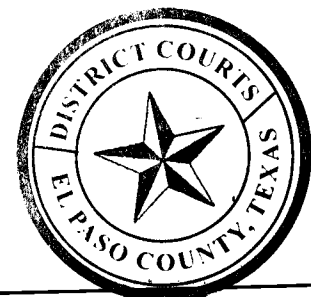
Estimated Blood Loss  Total Input

Report Received From SOSA, ROSA

## Aldrete Evaluation / Score:

|                                       |   | 07:42    | 07:50    | 08:14     |          |          |
|---------------------------------------|---|----------|----------|-----------|----------|----------|
| Able to move 4 extremities            | 2 |          |          |           |          |          |
| Able to move 2 extremities            | 1 | <u>2</u> | <u>2</u> | <u>2</u>  |          |          |
| Able to move 0 extremities            | 0 |          |          |           |          |          |
| Deep breath / Cough Deeply            | 2 |          |          |           |          |          |
| Dyspnea or Limited breathing          | 1 | <u>1</u> | <u>2</u> | <u>2</u>  |          |          |
| Apnea                                 | 0 |          |          |           |          |          |
| BP +/- 20mm of Preanesthesia Level    | 2 |          |          |           |          |          |
| BP +/- 20-50mm of Preanesthesia Level | 1 | <u>2</u> | <u>2</u> | <u>2</u>  |          |          |
| BP +/- 50mm of Preanesthesia Level    | 0 |          |          |           |          |          |
| Fully Awake                           | 2 |          |          |           |          |          |
| Arousable on calling                  | 1 | <u>1</u> | <u>1</u> | <u>2</u>  |          |          |
| Not responding                        | 0 |          |          |           |          |          |
| Pink                                  | 2 |          |          |           |          |          |
| Pale, dusky, blotchy, jaundice        | 1 | <u>2</u> | <u>2</u> | <u>2</u>  |          |          |
| Cyanotic                              | 0 |          |          |           |          |          |
| Total:                                |   | <u>8</u> | <u>9</u> | <u>10</u> | <u>0</u> | <u>0</u> |

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB:  Gender: Male  
 Physician: KLEIN, TERREN Section PostOp Page 4





## PACU I Assessment - Page 2

| Time                   | 07:42            | 07:50            | 08:14            |  |  |
|------------------------|------------------|------------------|------------------|--|--|
| Airway                 | Nasal            | Patent           | Patent           |  |  |
| Lung Sounds            | CTA              | CTA              | CTA              |  |  |
| Cardiac Status         | NSR              | NSR              | NSR              |  |  |
| Level of Consciousness | Sedated          | Asleep           | Awake            |  |  |
| Mental Status          | Calm             | Calm             | Calm             |  |  |
| IV                     | Intact/Infusing  | Intact/Infusing  | Intact/Infusing  |  |  |
| Pain Score             | 0                | 0                | 0                |  |  |
| Pain Location          |                  |                  |                  |  |  |
| OP Site I Location     | right shoulder   | rt shoulder      | rt shoulder      |  |  |
| Dressing               | CDI              | CDI              | CDI              |  |  |
| OP Site II Location    |                  |                  |                  |  |  |
| Dressing               |                  |                  |                  |  |  |
| Skin                   | Warm/Dry         | Warm/Dry         | Warm/Dry         |  |  |
| GI                     | ABD Soft/Non-Drs | ABD Soft/Non-Drs | ABD Soft/Non-Drs |  |  |
| GU                     | Soft/Non-Drs     | Soft/Non-Drs     | Soft/Non-Drs     |  |  |
| Nausea                 | No Complaints    | No Complaints    | No Complaints    |  |  |
| Normothermia           | Warm Blanket     | No Intervention  | No Intervention  |  |  |
| Pulses                 | Regular/Bounding | Regular/Bounding | Regular/Bounding |  |  |
| Pulses Location        |                  |                  |                  |  |  |
| Extremity              |                  |                  |                  |  |  |

## PACU I

☒ Vital Signs Stable ☒ Pain tolerated ☒ Patient ready for discharge to Phase II

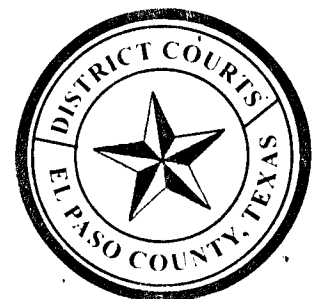
Report Given To: HERNANDEZ, JUAN

RN:

Signature:

electronically signed by: HERNANDEZ, JUAN on 07/27/2016 08:01

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB: XXXXXXXXXX Gender: Male  
Physician: KLEIN, TERREN Section PostOp Page 5





## PACU II Assessment - Page 1

PACU II Staff **HERNANDEZ, JUAN** PACU II Start **08:18** PACU II End **09:05**

Report Received From **HERNANDEZ, JUAN**

## Aldrete Evaluation / Score

|                                       |   | 08:18 | 08:48 |
|---------------------------------------|---|-------|-------|
| Able to move 4 extremities            | 2 |       |       |
| Able to move 2 extremities            | 1 | 2     | 2     |
| Able to move 0 extremities            | 0 |       |       |
| Deep breath / Cough Deeply            | 2 |       |       |
| Dyspnea or Limited breathing          | 1 | 2     | 2     |
| Apnea                                 | 0 |       |       |
| BP +/- 20mm of Preanesthesia Level    | 2 |       |       |
| BP +/- 20-50mm of Preanesthesia Level | 1 | 2     | 2     |
| BP +/- 50mm of Preanesthesia Level    | 0 |       |       |
| Fully Awake                           | 2 |       |       |
| Arousable on calling                  | 1 | 2     | 2     |
| Not responding                        | 0 |       |       |
| Pink                                  | 2 |       |       |
| Pale, dusky, blotchy, jaundice        | 1 | 2     | 2     |
| Cyanotic                              | 0 |       |       |
| Total:                                |   | 10    | 10    |

PACU II:

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : XXXXXXXXXX Gender: Male  
 Physician : KLEIN, TERREN Section PostOp Page 6





## PACU II Assessment - Page 2

## Operative/Procedure Site

Site I Location right shoulderSite II Location ☒ Site I Dry and Intact☐ Site II Dry and Intact☐ Site I Drainage Present☐ Site II Drainage PresentSite I Drainage Color Site II Drainage Color 

## Discharge Summary

| Yes                                 | No                       | N/A                                 |                                                  |
|-------------------------------------|--------------------------|-------------------------------------|--------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Patient Given Specialty Instruction Sheet        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Patient Denies or Easily Tolerates Pain          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Patient Tolerating PO Fluids Well                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Patient Able to Ambulate/Transfer                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | VS Stable                                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | IV Discontinued Without Redness/Edema            |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Urinary Catheter Removed                         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Patient Voided or has not Voided but Comfortable |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Patient Given Discharge Instructions             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Patient/Caregiver Verbalizes Understanding       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Prescription Info Given to Patient/Caregiver     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Dressings Checked                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | BS CTA - bilaterally                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Abdomen soft/non-tender                          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Limb elevated with normal CMST                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Application of Post op Device                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Crutch Instruction Given                         |

Discharge Staff HERNANDEZ, JUANDischarge Time 09:05Discharge Date 07/27/2016Discharge Mode WheelchairOther Discharge Status Home

RN:

Signature: electronically signed by HERNANDEZ, JUAN on 07/27/2016 12:49

Patient: MARES, MIGUEL MRN: 0024427 DOS: 07/27/2016 DOB:  Gender: Male  
 Physician: KLEIN, TERREN Section: PostOp Page 7





## Intake and Output

Version 4.4.7.0

Patient **MARES, MIGUEL**Case **07/27/2016**

## Intake

| Date       | Time  | Area    | Intake (mL)        | Type      |
|------------|-------|---------|--------------------|-----------|
| 07/27/2016 | 07:42 | IntraOp | Intravenous (1400) | LR        |
| 07/27/2016 | 08:18 | PACU2   | Oral (100)         | ice water |
| 07/27/2016 | 08:40 | PACU2   | Intravenous (300)  | lr        |

## Intake Totals

Pre-OP Total : 0

Intra-OP Total : 1400

PACU1 Total : 0

PACU2 Total : 400

Extended Care Total : 0

PAT Total : 0

24 Hour Total : 1800

Patient : MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : XXXXXXXXXX Gender : Male  
 Physician : KLEIN, TERREN Section PostOp Page 8





**PostOp Nurse Notes**

0742 PT ARRIVED TO PACU VIA STRETCHER ACCOMPANIED BY DR. V. Latiff AND Rosa RN PT IS SEDATED, AIRWAY PATENT WITH USE OF NPA. 5 RESPIRATIONS REGULAR RATE AND RHYTHM, BREATH SOUNDS CLEAR, PT'S SKIN IS WARM, DRY AND INTACT. PT GIVEN A WARM BLANKET, PLACED ON MONITOR, ON OXYGEN 10L/MIN MASK, SIDE RAILS UP X2. VITAL SIGNS STABLE. PT IN VIEW OF NURSING STATION, WILL CONTINUE TO MONITOR

0747 PT MEDICATED WITH LABETOLOL 5MG IVP PER ORDER

0750 NPA TAKEN OUT, AIRWAY PATENT, PT BACK TO SLEEP.

0752 PT'S DAUGHTER AT BEDSIDE: PT STATUS. PLAN OF CARE AND SEQUENCE OF EVENTS GIVEN.

0814 PT WAKING UP, RESTING IN BED, SR UP X2, VSS, IN NAD.

0818 PT GIVEN ICE WATER AND TOLERATED PO FLUIDS, VITAL SIGNS STABLE, PT IN NO APPARENT DISTRESS AND PLACED IN PHASE 2

0830 PT'S DAUGHTER GIVEN DISCHARGE INSTRUCTIONS AND VERBALIZED UNDERSTANDING WITH NO FURTHER QUESTIONS

0838 PT RESTING IN BED, DENIES PAIN, VSS, WILL CONTINUE TO MONITOR.

0900 PT'S IV CATHETER REMOVED, CATHETER TIP INTACT, NO REDNESS, EDEMA OR INFILTRATION NOTED, BAND-AID AND GAUZE APPLIED.

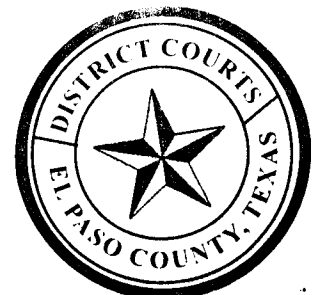
0905 PT LEFT PACU VIA WHEELCHAIR AND IN NAD.

**RN: Signature**

**Signature:**

electronically signed by: HERNANDEZ, JUAN on 07/27/2016 12:48

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : [REDACTED] Gender : Male  
Physician : KLEIN, TERREN Section PostOp Page 9





Version 5.2.10.0

## Discharge Instructions

Instructions Used : KLEIN DISCHARGE INSTRUCTIONS SPANISH

### Activity:

- Usar el sosten de hombro para su comodidad.

### Bathing:

- No remoje las heridas y no remover las vendas.

### Diet:

- Avanzar dieta como sea tolerada. Empezando con liquidos y avanzar a dieta regular.

### Driving:

- No debe tratar de manejar, usar herramientas eléctricas, ni tomar ninguna decisión importante hasta que hayan pasado 24 horas después de la cirugía, y puede hacer esto entonces solo si usted se siente perfectamente normal y alerta.

### Educational:

**IMPORTANTE:** En caso de una emergencia, llamar a 911 o ir a la sala de emergencias más cercana de usted para examen o tratamiento.

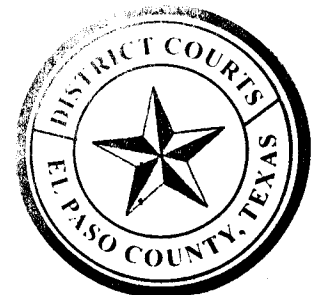
### Medication:

- Tomar medicamentos como están recetados.

### Notifications:

- Dr. Klein TEL: (915) 838-3888
- Llamar al Dr. Klein para dolor o sangrado sin control, fiebre arriba de 101°F, náuseas/vómito severo o preguntas.
- Si tiene un dolor desmesurado o persistente, hinchazón, hemorragia, náusea, vómito, o cualquier otro problema, usted debe llamar primero a su cirujano para que

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : [REDACTED] Gender : Male  
Physician : KLEIN, TERREN Section Discharge Page 1





le aconseje. Si no se puede poner en contacto con su cirujano, solicite ayuda de la sala de emergencias de un hospital.

**WoundCare:**

- NO remueva los vendajes.

**Follow up Appointment(s):**

**Type:** Surgeon

**Provider:** Dr. Klein

**Date:** 07/29/2016

**Time:** 09:00 AM

---

**RN Signature:** electronically signed by HERNANDEZ, JUAN on 07/27/2016 08:29

**Signature of Patient or Patient Representative**

**Patient:** MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : [REDACTED] Gender : Male  
**Physician:** KLEIN, TERREN Section Discharge Page 2





Version 5.2.9.1

## Discharge Patient

**Discharge Status:** Home

**Discharge Mode:** Wheelchair

**Discharge Date:** 07/27/2016

**Discharge Time:** 09:05 AM

**Educational Resources Provided:** No

**RN Signature:**

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : [REDACTED] Gender : Male  
Physician : KLEIN, TERREN Section Discharge Page 3





**Signature of Patient or Patient Representative**

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : [REDACTED] Gender : Male  
Physician : KLEIN, TERREN Section Discharge Page 4





## Post-Operative Call Back

## Operative Procedure

Telephone # 915-367-1031

OPEN RIGHT SHOULDER ROTATOR CUFF REPAIR

Date/Time Called (3 attempts) 1 07/28/2016 16:30 2 07/29/2016 16:29

3 Person spoken to

## General Condition

## Comments

|                                    | Yes                      | No                       | N/A                      |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| Headache                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dizziness                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fever                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Redness/swelling of operative site | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1ST CALL ATTEMPT, NO ANSWER AND NO MESSAGE LEFT JH

## Pain Control

|          | Yes                      | No                       | N/A                      |
|----------|--------------------------|--------------------------|--------------------------|
| Adequate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2ND CALL ATTEMPT, NO ANSWER AND NO MESSAGE LEFT. JH

## Activity

|         | Yes                      | No                       | N/A                      |
|---------|--------------------------|--------------------------|--------------------------|
| Resting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Return to: ☐ Work / School

## Dressing

|                      | Yes                      | No                       | N/A                      |
|----------------------|--------------------------|--------------------------|--------------------------|
| Dry without drainage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                 | Yes                      | No                       | N/A                      |
|-----------------|--------------------------|--------------------------|--------------------------|
| Dressing intact | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Complications

☐

Specify:

## Comments:

Signature:

electronically signed by HERNANDEZ, JUAN on 07/29/2016 16:55

Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : Gender : Male  
 Physician : KLEIN, TERREN Section Discharge Page 5





## Quality Measure

Version 5.2.7.0

## Quality Group

CMS/QM

## Quality Element

CMS/QM

## Quality Measure

Answer

Comment

## User

Did A Patient Burn Occur?

No

Monitor IF

Did a Patient Fall Occur?

No

Monitor IF

Was the Patient Transferred or Admitted to a Hospital?

No

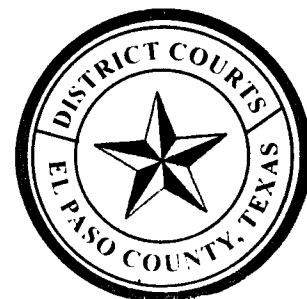
Monitor IF

Was There a Wrong Site, Side, Patient Procedure, or Implant Event?

No

Monitor, IF

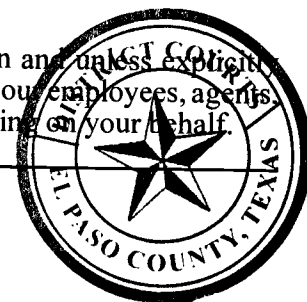
Patient: MARES, MIGUEL MRN : 0024427 DOS : 07/27/2016 DOB : [REDACTED] Gender : Male  
 Physician : KLEIN, TERREN Section Quality Page 1





Norma Favela Barceleau  
District Clerk  
El Paso County  
2017DCV0917

**CAUSE No.: 2017DCV0917**





- (2) The allegations of negligence and the description of claimed injuries and damages contained in Plaintiff's Original Petition are incorporated fully herein, as if stated verbatim.
- (3) The term "Subject Accident," as used herein, refers to the occurrence that makes the basis of this suit. This occurrence is more fully described in Plaintiff's Original Petition in "Facts."
- (4) The term "Subject Injuries," as used herein, shall mean the injuries Plaintiff claims were incurred as a direct and proximate result of the Subject Accident. These injuries and damages were described in Plaintiff's Original Petition, and same are incorporated fully herein as if stated verbatim.
- (5) The term "document," as used herein, shall be used to broadly describe information, data, or imagery that has been recorded in any form (e.g., paper, magnetic tape, magnetic disk, optical disk, USB flash drive, signs, placards, banners, tablets, etc.).

### **INTERROGATORIES**

#### **INTERROGATORY NO. 1:**

Please identify yourself by stating your name, address, telephone number, date of birth, driver's license number and the state in which it was issued, and your social security number.

**ANSWER:**

#### **INTERROGATORY NO. 2:**

Have you been sued under the correct name? If yes, please so state. If not, please provide your full and correct name, address, and telephone number.

**ANSWER:**

#### **INTERROGATORY NO. 3:**

Pursuant to Texas Rules of Civil Procedure §192.3(f), describe any insurance agreement under which any person carrying on an insurance business may be liable to satisfy part or all of judgment that may be entered into this action, or to indemnify or reimburse for payments made to satisfy the judgment, by stating the name and address of the person or entity insured, the name and address of the insurer, the limits of applicable coverage and the amounts of any applicable deductibles or self-insured retentions. If any of the applicable insurance policies are aggregate limit policies, please state the applicable limits, whether any claims applicable to such limits have been made, the name, address and phone number of the claimant(s) and his/her attorney(s) and the amount reserved on such claim, state whether any sums have been paid, and if so, state the amount paid, and state the last date upon which a claim can be made against such aggregate limit. Further, please state whether or not notice of the incident was given, and whether or not a non-waiver agreement, reservation of rights letter, or any other document or agreement regarding coverage has been signed by or sent or communication to you.

**ANSWER:**





**INTERROGATORY No. 4:**

State the name, address, telephone number, area of expertise, and the subject matter upon which you consulted any experts whose mental impressions or opinions have been or will be reviewed by any of your testifying experts in connection with this lawsuit.

ANSWER:

**INTERROGATORY No. 5:**

Identify which of the Subject Injuries you are asserting were not caused or aggravated by the occurrence of the Subject Accident. Please supplement this answer as necessary.

ANSWER:

**INTERROGATORY No. 6:**

If you are asserting more than just a General Denial (TRCP 92) as to the cause(s) of the Subject Injuries, identify the facts upon which you base your assertion. Please supplement this answer as necessary.

ANSWER:

**INTERROGATORY No. 7:**

Please state whether you were charged with any traffic violations in connection with the Subject Accident and, if so, the final disposition of such traffic charge.

ANSWER:

**INTERROGATORY No. 8:**

Please state whether you have ever been charged with or convicted of any crimes and if so, the date of the accident giving rise to the charge(s), the nature of the offense with which you were charged and the disposition of the charge(s).

ANSWER:

**INTERROGATORY No. 9:**

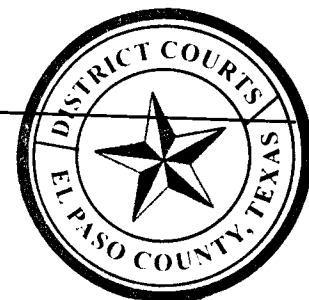
State the approximate speed of your vehicle at the time of the Subject Accident.

ANSWER:

**INTERROGATORY No. 10:**

Please state the purpose of your trip at the time of the Subject Accident. If you were acting within the course and scope of your employment with any employer whom you were employed with at the time of the Subject Accident, or if you were driving a vehicle owned by any such employer, state the name, address, and phone number of any such employer.

ANSWER:





**INTERROGATORY NO. 11:**

State whether you consumed any intoxicating beverages or controlled substances within 24 hours prior to the Subject Accident and, if so, specify the type of beverage or controlled substance, the quantity consumed, the time and place where same was consumed, and the identity and address of each person who was present when the beverage and controlled substance was consumed.

**ANSWER:**

**INTERROGATORY NO. 12:**

Please identify all of your employers for the previous ten years by stating the name, address, and telephone number of the employer, the name of your immediate supervisor, a brief description of the nature of your duties, and beginning and ending dates of employment with same. Please make an indication for the employer(s) you were acting within the course and scope of your employment with at the time of the Subject Accident, if applicable.

**ANSWER:**

**INTERROGATORY NO. 13:**

Please state any and all addresses you have lived at for the previous ten years.

**ANSWER:**

**INTERROGATORY NO. 14:**

Please state whether you have ever been involved in any other motor vehicle collisions at a time when you were the operator of an involved motor vehicle, exclusive of the Subject Accident, and, if so, the date of such collision, whether any claims or civil actions for personal injuries arose out of such collision and the disposition of such claims or civil actions.

**ANSWER:**

**INTERROGATORY NO. 15:**

Please state your educational background including all post-elementary school institutions attended, the dates of such attendance and any degrees, diplomas or citations earned.

**ANSWER:**

**INTERROGATORY NO. 16:**

Please state all medications that you had consumed during the two months prior to the Subject Accident, state the dates of consumption, the dosage consumed and the state whether you were taking such medication pursuant to a prescription.

**ANSWER:**

**INTERROGATORY NO. 17:**

Please state the name and address of any and all health care providers, including optometrists or ophthalmologists, of whom you have been a patient for the ten years preceding the Subject Accident.

**ANSWER:**





**INTERROGATORY No. 18:**

With regard to the Subject Accident, please briefly describe any injuries you received in connection with same, if any, identify the date(s) you recovered from said injuries, and identify by name and address any and all health care providers you sought treatment with in connection with said injuries. If you are still suffering from any injury received in connection with the Subject Accident, please identify those injuries.

**ANSWER:**

**INTERROGATORY No. 19:**

Briefly describe the damage that was done to the vehicle you were operating at the time of the Subject Accident and identify the total charges of the cost of repairs to that vehicle.

**ANSWER:**

**INTERROGATORY No. 20:**

State your contentions as to how the Subject Accident occurred. If you contend that there was any negligence in connection to the Subject Accident attributable to Plaintiff, please identify any such acts or omissions on his part.

**ANSWER:**

**INTERROGATORY No. 21:**

If you contend that Plaintiff was negligent at the time of the Subject Accident, and that such negligence was a contributing or proximate cause of the Subject Accident, please identify the actions or omissions committed by Plaintiff that you contend were negligent and caused or contributed to cause the Subject Accident. You may attach all descriptive aids as you deem necessary to clarify your answer.

**Answer:**

**INTERROGATORY No. 22:**

Please state the name, address and telephone number of the owner(s) of the vehicle you were operating at the time of the Subject Accident and state if you had said owner(s) permission to operate the vehicle.

**ANSWER:**

**REQUESTS FOR DISCLOSURE**

Pursuant to TEXAS RULES OF CIVIL PROCEDURE, you are requested to disclose the information set out within §194.2, subsections (A) through (L).

**REQUESTS FOR ADMISSIONS**

**REQUEST FOR ADMISSION No. 1:**

You have been sued by your correct name.

**RESPONSE:**





**REQUEST FOR ADMISSION NO. 2:**

You have been sued in the correct capacity.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 3:**

Venue is proper in the county in which the Petition was filed.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 4:**

This Court has proper jurisdiction for all matters brought to issue by the Petition.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 5:**

You had liability automobile insurance at the time of the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 6:**

You were at least 50% at fault for the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 7:**

You were 100% at fault for the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 8:**

You were issued one or more citations in connection with the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 9:**

You were issued a citation for causing the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 10:**

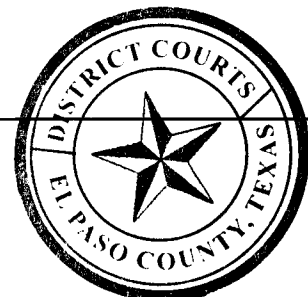
You plead guilty to a citation for causing the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 11:**

You have verbally admitted fault for causing the Subject Accident.

**RESPONSE:**





**REQUEST FOR ADMISSION No. 12:**

You exceeded the speed limit within sixty seconds before the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 13:**

You saw Plaintiff prior to the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 14:**

You were aware of the location of Plaintiff prior to the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 15:**

You were injured as a result of the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 16:**

You plan on seeking compensation for personal injuries and/or property damage arising from the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 17:**

You are not asserting Plaintiff is at fault for the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 18:**

You did not see Plaintiff prior to the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 19:**

You were using a cell phone at the time of the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 20:**

You consumed prescription drugs within 24 hours before the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 21:**

You consumed illegal drugs within 24 hours before the Subject Accident.

**RESPONSE:**





**REQUEST FOR ADMISSION No. 22:**

Your driver's license has been suspended or revoked in any State prior to the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 23:**

You have been arrested or convicted of a DWI or DUI prior to the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 24:**

You have been at fault for causing an automobile accident prior to the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 25:**

The road conditions did not cause the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 26:**

The Subject Accident did not occur as a result of a sudden emergency.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 27:**

You had a suspended drivers license at the time of the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 28:**

You had a revoked drivers license at the time of the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 29:**

You had permission to drive the vehicle you were driving at the time of the Subject Accident from the owner of the vehicle.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 30:**

You were acting within the course and scope of your employment at the time of the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 31:**

You filed a workers compensation claim as a result of the Subject Accident.

**RESPONSE:**





**REQUEST FOR ADMISSION No. 32:**

You or your spouse owned a cell phone and/or were in possession of a cell phone at the time of the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 33:**

One of the passengers in the vehicle with you at the time of the Subject Accident was using a cell phone at the time of the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 34:**

A cell phone was in use in your vehicle at the time of the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 35:**

A cell phone was in the vehicle at the time of the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 36:**

You were familiar with the area where the Subject Accident occurred.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 37:**

You have reviewed Plaintiff's medical records and medical bills arising from the Subject Injuries.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 38:**

You are not contesting the cause of the Subject Injuries.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 39:**

You have been convicted of a crime prior to the occurrence made the basis of this suit.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 40:**

You have been convicted of a felony prior to the occurrence made the basis of this suit.

**RESPONSE:**





**REQUEST FOR ADMISSION NO. 41:**

You have been convicted of a crime of moral turpitude prior to the occurrence made the basis of this suit.

**RESPONSE:**

**REQUESTS FOR PRODUCTION**

**REQUEST FOR PRODUCTION NO. 1:**

True, correct, and complete photocopies of all Depositions upon Written Questions taken of any records custodian in connection with this lawsuit pursuant to Tex. R. Civ. P. Rule §200, together with any and all documents that were:

- (1) produced by the witness;
- (2) marked as exhibits to the deposition; or
- (3) provided to the witness by the deposition officer.

Please supplement your response to this request as necessary throughout the course of this lawsuit.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 2:**

All photographs or video footage of Plaintiff.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 3:**

Written notice of your intention to use any evidence of prior convictions of felonies or crimes of moral turpitude against Plaintiff or any person identified by Plaintiff as a person with knowledge of relevant facts or his expert witnesses.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 4:**

All evidence of prior convictions of felonies or crimes of moral turpitude relating to Plaintiff or any person identified by Plaintiff as a person with knowledge of relevant facts or his expert witnesses.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 5:**

The materials described by Tex. R. Civ. P. §192.3(e)(6) regarding any consulting experts of yours whose mental impressions or opinions have been or will be reviewed by any of your testifying experts in connection with this lawsuit.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 6:**

Copy of the front and back of your driver's license.

**RESPONSE:**





**REQUEST FOR PRODUCTION NO. 7:**

Copy of the title to the vehicle that you were driving at the time of the Subject Accident.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 8:**

Any and all photographs or videotapes you have of the vehicles, the parties involved in this case and the scene in question at the time of or following the collision.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 9:**

A copy of any damage appraisal of your vehicle.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 10:**

Any and all insurance agreement policies, whether basic, umbrella or excess, under which any person or entity carrying on an insurance business may be liable to satisfy part or all of a judgment that may be rendered in this action or to indemnify or reimburse for payments made to satisfy the judgment. If any of these policies is an aggregate limits policy, and claims applicable to the aggregate limit have been made, please attach copies of all correspondence relating to such claims, and, if payments have been made that are chargeable to the aggregate limit, please attach copies of all checks, drafts, or other instruments reflecting such payments, receipts reflecting such payment and any agreements, including releases, relating to such payments. Further, if any person carrying on an insurance business has reserved his/her/its rights relative to the incident giving rise to this case, please provide all correspondence relating to such reservation of rights.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 11:**

Any photographs, video tapes, drawings, maps, diagrams, graphs, sketches or other graphic representations of the accident, the scene of the accident, the motor vehicles involved in the accident or of the Plaintiff.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 12:**

Copies of any and all (oral, written, or transcribed) statements from any person with knowledge of relevant facts referenced in Plaintiff's Petition. This request includes any statements that would be exempt from discovery under the work product privilege. In lieu of producing documents you may claim to be covered by the attorney client privilege, you are hereby requested to submit same for incamera inspection.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 13:**

Copies of all reports created by a local, state, or federal governmental agency prepared in conjunction with or as a result of the Subject Accident.

**RESPONSE:**





**REQUEST FOR PRODUCTION NO. 14:**

A copy of any document that you will proffer as evidence at the trial of this case. This does not include rebuttal evidence, the use of which cannot be reasonably anticipated before trial.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 15:**

Any and all photographs, videotapes or medical records of the Plaintiff indicating that the Subject Injuries were pre-existing, occurred after the Subject Accident, or were otherwise not the result of the Subject Accident.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 16:**

Any and all local, state, or federal governmental agency document indicating that the Subject Injuries were pre-existing, occurred after the Subject Accident, or were otherwise not the result of the Subject Accident.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 17:**

The cell phone records for the date of the accident, for any cell phone in your vehicle that would either tend to prove or tend to disprove that a cell phone was in use in your vehicle at the time of the accident. This request should not be construed as a request into the substance or subject matter of any communications.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 18:**

Any documents you would introduce at trial to show that the Subject Accident occurred as a result of a sudden emergency.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 19:**

Any and all photographs, videotapes or medical records of the Plaintiff indicating that the Subject Injuries do not exist.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 20:**

Any and all local, state, or federal governmental agency document indicating the Subject Injuries do not exist.

**RESPONSE:**





Respectfully Submitted,

**JAMES KENNEDY, P.L.L.C.**  
6216 Gateway Blvd. East  
El Paso, Texas 79905  
(915) 544-5200  
FAX (915) 532-2423

By: /s/ James B. Kennedy  
**JAMES B. KENNEDY, JR.**  
State Bar No.: 00791014

**A TRUE COPY, I CERTIFY**  
**NORMA FAVELA BARCELEAU**  
District Clerk

BY *[Signature]*

Deputy

NOV 21 2017





El Paso County - 327th District Court

Filed 4/10/2017 11:29:58 AM

Norma Favela Barceleau  
District Clerk  
El Paso County  
2017DCV0917

**IN THE 327TH JUDICIAL DISTRICT COURT  
EL PASO COUNTY, TEXAS**

**MIGUEL A. MARES,**

**PLAINTIFF,**

**VS.**

**CAUSE No.: 2017DCV0917**

**NGUYEN HUU NGUYEN AND UTILITY  
TRAILER MANUFACTURING COMPANY,**

**DEFENDANT.**

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**PLAINTIFF'S INTERROGATORIES, REQUESTS FOR DISCLOSURE,  
REQUESTS FOR ADMISSION AND REQUESTS FOR PRODUCTION  
TO DEFENDANT UTILITY TRAILER MANUFACTURING COMPANY**

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TO: Defendant UTILITY TRAILER MANUFACTURING COMPANY, by and through its registered agent at 1111 South 1000 West, Clearfield, UT 84015 .

COMES NOW, MIGUEL A. MARES, Plaintiff in the above styled and numbered cause, by and through his attorney of record, James B. Kennedy, Jr. of JAMES KENNEDY, P.L.L.C., 6216 Gateway East, El Paso, Texas 79905 and pursuant to TEXAS RULES OF CIVIL PROCEDURE Rules §§197, 194.2, 198, and 196 serves these Interrogatories, Requests for Disclosure, Requests for Admission and Requests for Production upon you, the answers to which shall be made by you, separately and fully, in writing, and under oath. The responses to these discovery requests shall be served upon the undersigned counsel of record for the Plaintiff within **fifty-one (51)** days after the service hereof upon you. Remember that you have the ongoing duty to amend and supplement your answers and responses hereto should those answers or responses become false or inaccurate given the discovery of information which was not available to you at the time you made your answers and responses hereto.

**I. DEFINITIONS AND INSTRUCTIONS**

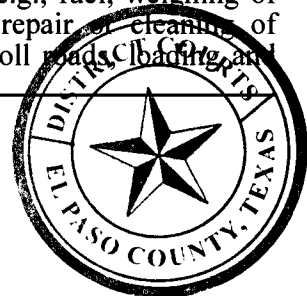
- (1) As used herein, the terms "you" and "your," as used herein and unless explicitly stated otherwise, shall mean **UTILITY TRAILER MANUFACTURING COMPANY** and/or





your employees, agents, and all other natural persons or business or legal entities acting on your behalf.

- (2) The allegations of negligence and the description of claimed injuries and damages contained in Plaintiff's Original Petition are incorporated fully herein, as if stated verbatim.
- (3) The term "Subject Accident," as used herein, refers to the occurrence that makes the basis of this suit. This occurrence is more fully described in Plaintiff's Original Petition in "Facts."
- (4) The term "Subject Injuries," as used herein, shall mean the injuries Plaintiff claims were incurred as a direct and proximate result of the Subject Accident. These injuries and damages were described in Plaintiff's Original Petition, and same are incorporated fully herein as if stated verbatim.
- (5) The term "document," as used herein, shall be used to broadly describe information, data, or imagery that has been recorded in any form (e.g., paper, magnetic tape, magnetic disk, optical disk, USB flash drive, signs, placards, banners, tablets, etc.).
- (6) The term "accident files and records," as used herein, is intended to have broad reference to all documents required from you by other organizations, state or federal governmental agencies, which are in any way related to any accident you or your co-drivers have been involved in.
- (7) The term "co-driver," as used herein, means any person(s) driving or riding with you on the date of the accident, and who at any time during the trip was driving the truck or was acting as a driver-trainer.
- (8) The term "driver's qualification file," as used herein, means those documents specifically required by Title 49 CFR Chapter III, Subtitle B, Parts 382, 383, and 391 created and maintained by your employer relating to you.
- (9) The term "trip," as used herein, is defined as the transportation or movement of one load of cargo, regardless of load size or type, from its origin to its final destination and includes the travel "empty or unloaded" from that destination point to the next point or location of loading, end of trip or new trip origin.
- (10) The term "operational documents," as used herein, means all of the following:
  - a. Your trip reports or trip envelopes, daily loads delivered or picked up reports or any otherwise described work reports, work schedule reports, fuel purchased reports, or any reports made by you, inclusive of daily, weekly or monthly cargo transported, time or distance traveled reports or work records, excluding only those documents known as "driver's daily logs" or "driver's record of duty status."
  - b. All receipts for any trip expenses or purchases made by you or your co-driver during a trip, regardless of the types of purchase (e.g., fuel, weighing of vehicles, food, lodging, equipment maintenance, repair, or cleaning of equipment, special or oversize permits, bridge or toll roads, loading, and





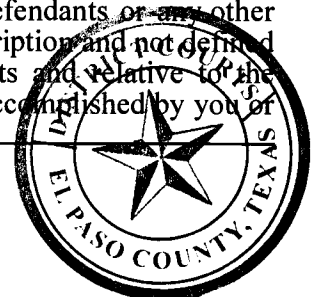
unloading cost, and all otherwise described receipts).

- c. All cargo pickup or delivery documents prepared by you, your employer, transportation brokers, involved shippers or receivers, motor carriers operations/dispatch personnel, drivers, or other persons or organizations relative to the cargo transported by you or your co-driver.
- d. All written requests, letters, memoranda, instructions, or orders, for transportation of cargo issued to you, transportation brokers, involved shippers or receivers, motor carriers operations/dispatch or sales personnel, drivers or other persons or organizations relative to the operations and cargo transported by you or your co-driver.
- e. All bills of lading or cargo manifest prepared or issued by any shippers, brokers, transporting motor carriers personnel, receivers of cargo or you. This specifically includes readable and complete copies of bills of lading, manifests, or other signed documents for cargo delivered along with any document that shows dates and times of cargo pickup or delivery that are relative to the operations and cargo transported by you or your co-driver.
- f. All equipment or cargo loading, unloading or detention of equipment documents along with any documents showing cargo pickup or delivery dates and times or delays or detention of equipment relative to the operations of you or your co-driver.
- g. All cargo transported freight bills, PRO's or otherwise described similar documents inclusive of all signed or unsigned cargo pickup and delivery copies that indicate the date or time of pick up or delivery of cargo by you or your co-driver.
- h. All written instructions, orders, or advice given to you or your co-driver in reference to cargo transported, routes to travel, locations to purchase fuel, cargo pickup or delivery times issued by you, shippers, receivers, or any other persons or organizations.
- i. Dispatch or operational records indicating assignment of equipment and drivers to specific cargo pickup, transportation and delivery, dates and times of pickup and delivery, movement of cargo, shippers and receivers of cargo, and any other related operational records or documents. This specifically includes all dispatch and operational type computer generated documents and materials indicating the trips, cargo, movements or activities of you or your co-driver.
- j. Any call-in records or otherwise described documents indicating any communications between you and your employer.
- k. All accounting records, merchandise purchased, cargo transportation billings or invoices and subsequent payments or otherwise described records indicating billings for transportation of cargo or payment for services performed by you or your co-driver for your employer.





- l. All initial or rough trip check-in or financial settlement sheets along with all final trip accounting documents, and computer generated documents or printouts showing expenses and payment(s) for service(s) or salary paid to you in reference to your trips. This specifically includes any summary type documents showing all payments made to you regardless of the purpose of payment or the period of time for which payment was made.
- m. All motor carrier or driver-created trip fuel mileage and purchase reports or records. This specifically includes all documents and computer generated documents, regardless of form or subject, received from any source such as the organization known as "COMCHEK," or generated for or by you, showing date, time and location of fueling or other purchases by you or your co-driver.
- n. All checks or otherwise described negotiable instruments issued to you or your co-driver given in payment as trip advances, loans, or for any other purpose inclusive of checks issued for employee payroll, owner/operator, or for trip lessors for services, where such are in your possession. Specifically copies of the front and back of each check or comchek issued to you or your co-driver.
- o. All state fuel or oversize special permits and any related documents or requests issued to or by any state agency to transport cargo over their territories, regardless of the form of the permit. This also includes the receipt acknowledging payment for the permit issued by any governmental agency that relate to the movements of you or your co-driver.
- p. All trip leases or trip lease contracts involving you or your co-driver along with all related documentation issued to or created or received by you. Specifically, this includes any trip leases negotiated between you and any other motor carrier or their drivers inclusive of all related documentation thereto. Basically, "related documentation" consists of any documents created or generated in reference to the trip lease(s) and in addition, driver's daily logs or record of duty status, driver's daily condition reports, motor carrier certification of driver's qualification and include other documents that relate to the billing and payment for such movement of freight, along with all other types of documentation regardless of form or description that are relative to each occurrence involving the services and activities of you or your co-driver.
- q. All information from your satellite tracking system, electronic monitoring system, frame relay system, and electronic data communication systems relating to the location of you or your co-driver. This would include "Qualcomm" or any similar data which is generated for the purposes of periodically recording the geographical position of the truck you or your co-driver were operating.
- r. All other documents created or received by the Defendants or any other persons or organizations, regardless of form or description and not defined herein, in the possession of any of the Defendants and relative to the operations, activities, movements, cargo and trips accomplished by you or





your co-driver.

- (11) The terms "truck" or "tractor," as used herein, unless otherwise defined in a specific request herein, means the over-the-road vehicular power unit being operated by you or your co-driver at the time of the Subject Accident.
- (12) The term "trailer," as used herein, unless otherwise defined in a specific request herein, means any trailer that may have been attached to the power unit being operated by you at the time of the Subject Accident.
- (13) The term "hours of service records," as used herein, means any and all documents created in reference to Title 49 CFR Chapter III, Subtitle B, Part 395, including, but not limited to, driver's record of duty status, drivers' daily logs, time worked cards or other time worked records or summaries. This term also includes all documents created or maintained by you or your co-driver regarding reprimands, warnings, write-ups, or other disciplinary action taken against you in connection with violations of Title 49 CFR Chapter III, Subtitle B, Part 395.
- (14) The term "maintenance files and records," as used herein, means those documents required to be created or maintained by you in accordance with Title 49 CFR Chapter III, Subtitle B, Part 396, "inspection, repair and maintenance." This includes, but is not limited to, all driver's tractor and trailer daily condition reports, all systematic and annual inspections, work or repair orders, list of add-ons or take-offs of equipment parts and accessories, accounting records, bills, or notes of repairs or maintenance and all summary type maintenance documents, inclusive of any summary or computer generated type systematic lubrication, inspection and maintenance records and documents in your possession or on located in the truck operated by you on the date of the accident.
- (15) The "FOMCHSFO," as used herein, means the Federal Governmental Entity within the Federal Department of Transportation known as the "Federal Office of Motor Carrier and Highway Safety, Field Operations," which is the federal agency having jurisdiction and field enforcement responsibilities for the Federal Motor Carrier Safety Requires, as is set forth in Title 49 CFR, Chapter III.

### **INTERROGATORIES**

#### **INTERROGATORY No. 1:**

Please identify yourself by stating your name, address, telephone number, date of birth, driver's license number and the state in which it was issued, and your social security number.

**ANSWER:**

#### **INTERROGATORY No. 2:**

Have you been sued under the correct name? If yes, please so state. If not, please provide your full and correct name, address, and telephone number, and the identity of your registered agent or the person or entity who is authorized to receive service of process.

**ANSWER:**





**INTERROGATORY NO. 3:**

Pursuant to Texas Rules of Civil Procedure §192.3(f), describe any insurance agreement under which any person carrying on an insurance business may be liable to satisfy part or all of judgment that may be entered into this action, or to indemnify or reimburse for payments made to satisfy the judgment, by stating the name and address of the person or entity insured, the name and address of the insurer, the limits of applicable coverage and the amounts of any applicable deductibles or self-insured retentions. If any of the applicable insurance policies are aggregate limit policies, please state the applicable limits, whether any claims applicable to such limits have been made, the name, address and phone number of the claimant(s) and his/her attorney(s) and the amount reserved on such claim, state whether any sums have been paid, and if so, state the amount paid, and state the last date upon which a claim can be made against such aggregate limit. Further, please state whether or not notice of the incident was given, and whether or not a non-waiver agreement, reservation or rights letter, or any other document or agreement regarding coverage has been signed by or sent or communication to you.

**ANSWER:**

**INTERROGATORY NO. 4:**

State the name, address, telephone number, area of expertise, and the subject matter upon which you consulted any experts whose mental impressions or opinions have been or will be reviewed by any of your testifying experts in connection with this lawsuit.

**ANSWER:**

**INTERROGATORY NO. 5:**

Identify which of the Subject Injuries you are asserting were not caused or aggravated by the occurrence of the Subject Accident. Please supplement this answer as necessary.

**ANSWER:**

**INTERROGATORY NO. 6:**

If you are asserting more than just a General Denial (TRCP 92) as to the cause(s) of the Subject Injuries, identify the facts upon which you base your assertion. Please supplement this answer as necessary.

**ANSWER:**

**INTERROGATORY NO. 7:**

Please state whether you were charged with any traffic violations in connection with the Subject Accident and, if so, the final disposition of such traffic charge.

**ANSWER:**

**INTERROGATORY NO. 8:**

Please state whether you have ever been charged with or convicted of any crimes and if so, the date of the accident giving rise to the charge(s), the nature of the offense with which you were charged and the disposition of the charge(s).

**ANSWER:**





**INTERROGATORY NO. 9:**

State the approximate speed of your vehicle at the time of the Subject Accident.

**ANSWER:**

**INTERROGATORY NO. 10:**

Please state the purpose of your trip at the time of the Subject Accident. If you were acting within the course and scope of your employment with any employer whom you were employed with at the time of the Subject Accident, or if you were driving a vehicle owned by any such employer, state the name, address, and phone number of any such employer.

**ANSWER:**

**INTERROGATORY NO. 11:**

State whether you consumed any intoxicating beverages or controlled substances within 24 hours prior to the Subject Accident and, if so, specify the type of beverage or controlled substance, the quantity consumed, the time and place where same was consumed, and the identity and address of each person who was present when the beverage and controlled substance was consumed.

**ANSWER:**

**INTERROGATORY NO. 12:**

Please identify all of your employers for the previous ten years by stating the name, address, and telephone number of the employer, the name of your immediate supervisor, a brief description of the nature of your duties, and beginning and ending dates of employment with same. Please make an indication for the employer(s) you were acting within the course and scope of your employment with at the time of the Subject Accident, if applicable.

**ANSWER:**

**INTERROGATORY NO. 13:**

Please state any and all addresses you have lived at for the previous ten years.

**ANSWER:**

**INTERROGATORY NO. 14:**

Please state whether you have ever been involved in any other motor vehicle collisions at a time when you were the operator of an involved motor vehicle, exclusive of the Subject Accident, and, if so, the date of such collision, whether any claims or civil actions for personal injuries arose out of such collision and the disposition of such claims or civil actions.

**ANSWER:**

**INTERROGATORY NO. 15:**

Please state your educational background including all post-elementary school institutions attended, the dates of such attendance and any degrees, diplomas or citations earned.

**ANSWER:**





**INTERROGATORY No. 16:**

Please state all medications that you had consumed during the two months prior to the Subject Accident, state the dates of consumption, the dosage consumed and the state whether you were taking such medication pursuant to a prescription.

**ANSWER:**

**INTERROGATORY No. 17:**

Please state the name and address of any and all health care providers, including optometrists or ophthalmologists, of whom you have been a patient for the ten years preceding the Subject Accident.

**ANSWER:**

**INTERROGATORY No. 18:**

Briefly describe the damage that was done to the vehicle you were operating at the time of the Subject Accident and identify the total charges of the cost of repairs to that vehicle.

**ANSWER:**

**INTERROGATORY No. 19:**

State your contentions as to how the Subject Accident occurred. If you contend that there was any negligence in connection to the Subject Accident attributable to Plaintiff, please identify any such acts or omissions on his part.

**ANSWER:**

**INTERROGATORY No. 20:**

If you contend that Plaintiff was negligent at the time of the Subject Accident, and that such negligence was a contributing or proximate cause of the Subject Accident, please identify the actions or omissions committed by Plaintiff that you contend were negligent and caused or contributed to cause the Subject Accident. You may attach all descriptive aids as you deem necessary to clarify your answer.

**Answer:**

**INTERROGATORY No. 21:**

Please describe any physical pain, injury, or mental anguish you experienced in connection with the Subject Accident. If you reported any of these conditions to your employer at the time of the Subject Accident, please so state. If you missed any work as a result of these conditions, please so state.

**ANSWER:**

**INTERROGATORY No. 22:**

In the event your company's written policies regarding the hours of service are different from Title 49 CFR Chapter III, Subtitle B, Part 395, please state verbatim your company's written policies regarding the hours of service of your drivers. In lieu thereof, simply attaching these written policies to your answers is sufficient.

**ANSWER:**





**INTERROGATORY No. 23:**

With respect to the hours of service records and the entries as they are recorded therein for the forty-eight-hour-period immediately preceding the Subject Accident, for each change in duty status of you (e.g., driving, resting, off-duty, etc.), please state the time of day, and the effective status of duty for you. In lieu thereof, produce the hours of service records for the forty-eight hour period immediately preceding the Subject Accident.

**ANSWER:**

**INTERROGATORY No. 24:**

Describe any negative employment-related actions taken against you by your employer in connection with the Subject Accident.

**ANSWER:**

**INTERROGATORY No. 25:**

Please state the number of citations you have received in connection with violations of 49 CRF Chapter III, Subtitle B, Part 395 - hours of service of drivers, since the date of the start of your performing driving services on your employer's behalf continuing up to either the date of your termination of driving services on your employer's behalf, if applicable, or present date.

**ANSWER:**

**INTERROGATORY No. 26:**

Since the date of the Subject Accident, have you complained about any physical pain and suffering, or mental anguish to your employer or its compensation carrier? If so, please identify the date the complaint(s) first occurred, how many times you have complained of same, and state whether you have been given any time off from work in connection with said complaints.

**ANSWER:**

**INTERROGATORY No. 27:**

Did you file for workers compensation in connection with the Subject Accident? If so, please state the date you went on workers compensation, the duration of workers compensation (if it is continuing, please so state), and when you are anticipated to return to work.

**ANSWER:**

**REQUESTS FOR DISCLOSURE**

Pursuant to TEXAS RULES OF CIVIL PROCEDURE, you are requested to disclose the information set out within §194.2, subsections (A) through (L).

**REQUESTS FOR ADMISSIONS**

**REQUEST FOR ADMISSION No. 1:**

You have been sued by your correct name.

**RESPONSE:**





**REQUEST FOR ADMISSION NO. 2:**

You have been sued in the correct capacity.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 3:**

Venue is proper in the county in which the Petition was filed.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 4:**

This Court has proper jurisdiction for all matters brought to issue by the Petition.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 5:**

You had liability automobile insurance at the time of the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 6:**

You were at least 50% at fault for the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 7:**

You were 100% at fault for the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 8:**

You were issued one or more citations in connection with the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 9:**

You were issued a citation for causing the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 10:**

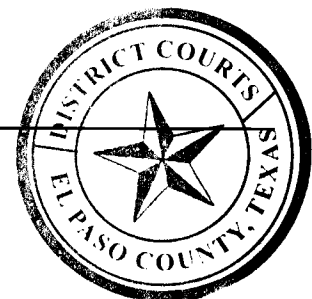
You plead guilty to a citation for causing the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 11:**

You have verbally admitted fault for causing the Subject Accident.

**RESPONSE:**





**REQUEST FOR ADMISSION NO. 12:**

You exceeded the speed limit within sixty seconds before the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 13:**

You saw Plaintiff prior to the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 14:**

You were aware of the location of Plaintiff prior to the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 15:**

You were injured as a result of the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 16:**

You plan on seeking compensation for personal injuries and/or property damage arising from the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 17:**

You are not asserting Plaintiff is at fault for the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 18:**

You did not see Plaintiff prior to the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 19:**

You were using a cell phone at the time of the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 20:**

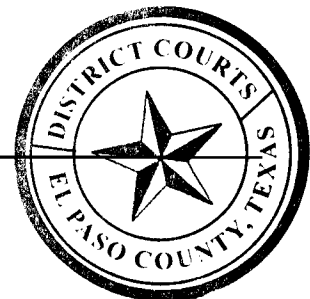
You consumed prescription drugs within 24 hours before the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 21:**

You consumed illegal drugs within 24 hours before the Subject Accident.

**RESPONSE:**





**REQUEST FOR ADMISSION NO. 22:**

Your driver's license has been suspended or revoked in any State prior to the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 23:**

You have been arrested or convicted of a DWI or DUI prior to the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 24:**

You have been at fault for causing an automobile accident prior to the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 25:**

The road conditions did not cause the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 26:**

The Subject Accident did not occur as a result of a sudden emergency.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 27:**

You had a suspended drivers license at the time of the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 28:**

You had a revoked drivers license at the time of the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 29:**

You had permission to drive the vehicle you were driving at the time of the Subject Accident from the owner of the vehicle.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 30:**

You were acting within the course and scope of your employment at the time of the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 31:**

You filed a workers compensation claim as a result of the Subject Accident.

**RESPONSE:**





**REQUEST FOR ADMISSION NO. 32:**

You or your spouse owned a cell phone and/or were in possession of a cell phone at the time of the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 33:**

One of the passengers in the vehicle with you at the time of the Subject Accident was using a cell phone at the time of the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 34:**

A cell phone was in use in your vehicle at the time of the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 35:**

A cell phone was in the vehicle at the time of the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 36:**

You were familiar with the area where the Subject Accident occurred.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 37:**

You were hauling goods or merchandise for your employer at the time of the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 38:**

At the time of the Subject Accident, you were returning from a delivery for your employer at the time of the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 39:**

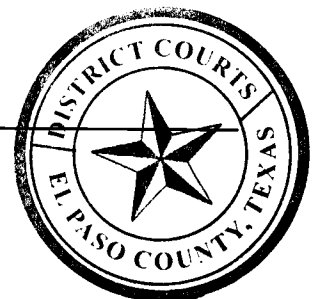
Your employer at the time of the Subject Accident is a party to this lawsuit.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 40:**

You kept and maintained an hours of service records book at the time of the accident.

**RESPONSE:**





**REQUEST FOR ADMISSION No. 41:**

The hours of service records, in their original form at the time of the Subject Accident, contain no false information.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 42:**

Since the date of the Subject Accident, the hours of service records for the date of the Subject Accident have been altered.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 43:**

You were accompanied by a co-driver at the time of the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 44:**

You have identified your co-driver in your response to Request for Disclosure §194.2(e)

**RESPONSE:**

**REQUEST FOR ADMISSION No. 45:**

At the time of the Subject Accident, you were required by your employer to maintain hours of service records.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 46:**

You kept an hours of service record at the time of the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 47:**

You are in possession of the hours of service records for the date of the Subject Accident..

**RESPONSE:**

**REQUEST FOR ADMISSION No. 48:**

You are or should be in possession of the hours of service records for the date of the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 49:**

The hours of service records for the date of the Subject Accident contains no false information.

**RESPONSE:**





**REQUEST FOR ADMISSION No. 50:**

The hours of service records for the date of the Subject Accident contains entries that document violations of laws, company policies, rules, or regulations in relation to maximum driving time within a 24-hour period, maximum driving distance within a 24-hour period, or maximum time allowed to drive without rest.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 51:**

You caused the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 52:**

The Subject Accident is documented in the hours of service records for the date of the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 53:**

It is your contention you are at fault for the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 54:**

You are in possession of documents that suggest you caused, or contributed to cause the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 55:**

You and your employer have discussed the Subject Accident prior to litigation in this case.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 56:**

You had insurance under which you were a "covered person" at the time of the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 57:**

You are periodically tested for alcohol in your system by your employer.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 58:**

You are periodically tested for illegal drugs in your system by your employer.

**RESPONSE:**





**REQUEST FOR ADMISSION No. 59:**

You have failed one or more tests for the presence of alcohol since the time your employment began with your employer.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 60:**

You have failed one or more tests for the presence of illegal drugs since the time your employment began with your employer.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 61:**

You were tested for the presence of drugs and alcohol within 12 hours prior to or subsequent to the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 62:**

You were tested for the presence of drugs and alcohol within two days prior to or subsequent to the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 63:**

You tested positive for the presence of alcohol or illegal drugs on the test immediately prior or subsequent to the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 64:**

You complained of physical pain and/or mental anguish in connection with the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 65:**

You were given time off of work to recover from injuries and/or mental anguish arising from the Subject Accident.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 66:**

Following the Subject Accident, your employment have been terminated voluntarily by you.

**RESPONSE:**

**REQUEST FOR ADMISSION No. 67:**

Following the Subject Accident, your employment has been terminated by your employer.

**RESPONSE:**





**REQUEST FOR ADMISSION NO. 68:**

Your employer has policies, rules, or regulations that prohibit driving while under the influence of drugs and alcohol, prohibit driving while fatigued or asleep, prohibit driving for longer than a certain amount of time without a break, and prohibit driving for longer than a certain amount of time and more than a certain amount of miles in a 24-hour period.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 69:**

Your employer has written policies, rules, and regulations that prohibit driving while under the influence of drugs and alcohol, prohibit driving while fatigued or asleep, prohibit driving for longer than a certain amount of time without a break, and prohibit driving for longer than a certain amount of time and more than a certain amount of miles in a 24-hour period.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 70:**

You have violated your employer's policies, rules, or regulations that prohibit driving while under the influence of drugs and alcohol, prohibit driving while fatigued or asleep, prohibit driving for longer than a certain amount of time without a break, and prohibit driving for longer than a certain amount of time and more than a certain amount of miles in a 24-hour period, since the date of the start of your employment.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 71:**

You have reviewed Plaintiff's medical records and medical bills arising from the Subject Injuries.

**RESPONSE:**

**REQUEST FOR ADMISSION NO. 72:**

You are not contesting the cause of the Subject Injuries.

**RESPONSE:**

**REQUESTS FOR PRODUCTION**

**REQUEST FOR PRODUCTION NO. 1:**

True, correct, and complete photocopies of all Depositions upon Written Questions taken of any records custodian in connection with this lawsuit pursuant to Tex. R. Civ. P. Rule §200, together with any and all documents that were:

- (1) produced by the witness;
- (2) marked as exhibits to the deposition; or
- (3) provided to the witness by the deposition officer.

Please supplement your response to this request as necessary throughout the course of this lawsuit.

**RESPONSE:**





**REQUEST FOR PRODUCTION NO. 2:**

All photographs or video footage of Plaintiff.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 3:**

Written notice of your intention to use any evidence of prior convictions of felonies or crimes of moral turpitude against Plaintiff or any person identified by Plaintiff as a person with knowledge of relevant facts or his expert witnesses.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 4:**

All evidence of prior convictions of felonies or crimes of moral turpitude relating to Plaintiff or any person identified by Plaintiff as a person with knowledge of relevant facts or his expert witnesses.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 5:**

The materials described by Tex. R. Civ. P. §192.3(e)(6) regarding any consulting experts of yours whose mental impressions or opinions have been or will be reviewed by any of your testifying experts in connection with this lawsuit.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 6:**

Copy of the front and back of your driver's license.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 7:**

Copy of the title to the vehicle that you were driving at the time of the Subject Accident.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 8:**

Any and all photographs or videotapes you have of the vehicles, the parties involved in this case and the scene in question at the time of or following the collision.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 9:**

A copy of any damage appraisal of your vehicle.

**RESPONSE:**





**REQUEST FOR PRODUCTION No. 10:**

Any and all insurance agreement policies, whether basic, umbrella or excess, under which any person or entity carrying on an insurance business may be liable to satisfy part or all of a judgment that may be rendered in this action or to indemnify or reimburse for payments made to satisfy the judgment. If any of these policies is an aggregate limits policy, and claims applicable to the aggregate limit have been made, please attach copies of all correspondence relating to such claims, and, if payments have been made that are chargeable to the aggregate limit, please attach copies of all checks, drafts, or other instruments reflecting such payments, receipts reflecting such payment and any agreements, including releases, relating to such payments. Further, if any person carrying on an insurance business has reserved his/her/its rights relative to the incident giving rise to this case, please provide all correspondence relating to such reservation of rights.

**RESPONSE:**

**REQUEST FOR PRODUCTION No. 11:**

Any photographs, video tapes, drawings, maps, diagrams, graphs, sketches or other graphic representations of the accident, the scene of the accident, the motor vehicles involved in the accident or of the Plaintiff.

**RESPONSE:**

**REQUEST FOR PRODUCTION No. 12:**

Copies of any and all (oral, written, or transcribed) statements from any person with knowledge of relevant facts referenced in Plaintiff's Petition. This request includes any statements that would be exempt from discovery under the work product privilege. In lieu of producing documents you may claim to be covered by the attorney client privilege, you are hereby requested to submit same for incamera inspection.

**RESPONSE:**

**REQUEST FOR PRODUCTION No. 13:**

Copies of all reports created by a local, state, or federal governmental agency prepared in conjunction with or as a result of the Subject Accident.

**RESPONSE:**

**REQUEST FOR PRODUCTION No. 14:**

A copy of any document that you will proffer as evidence at the trial of this case. This does not include rebuttal evidence, the use of which cannot be reasonably anticipated before trial.

**RESPONSE:**

**REQUEST FOR PRODUCTION No. 15:**

Any and all photographs, videotapes or medical records of the Plaintiff indicating that the Subject Injuries were pre-existing, occurred after the Subject Accident, or were otherwise not the result of the Subject Accident.

**RESPONSE:**





**REQUEST FOR PRODUCTION NO. 16:**

Any and all local, state, or federal governmental agency document indicating that the Subject Injuries were pre-existing, occurred after the Subject Accident, or were otherwise not the result of the Subject Accident.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 17:**

The cell phone records for the date of the accident, for any cell phone in your vehicle that would either tend to prove or tend to disprove that a cell phone was in use in your vehicle at the time of the accident. This request should not be construed as a request into the substance or subject matter of any communications.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 18:**

Any documents you would introduce at trial to show that the Subject Accident occurred as a result of a sudden emergency.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 19:**

Any and all photographs, videotapes or medical records of the Plaintiff indicating that the Subject Injuries do not exist.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 20:**

Any and all local, state, or federal governmental agency document indicating the Subject Injuries do not exist.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 21:**

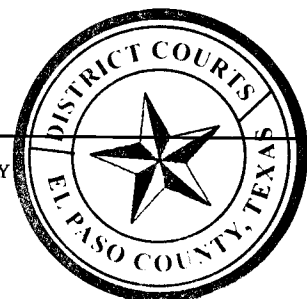
A true and correct copy of the hours of service records for the month in which the Subject Accident occurred.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 22:**

True and correct copies of any citations you have received within 5 years preceding the Subject Accident while performing in the course and scope of your employment with your employer at the time of the Subject Accident.

**RESPONSE:**





**REQUEST FOR PRODUCTION NO. 23:**

Complete and clearly readable copies of all trip or operational documents (refer to Definitions and Instructions) pertaining to the movement of cargo by you or your co-driver for the period of time beginning one month prior to the date of the Subject Accident and ending on the date of the Subject Accident.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 24:**

Produce your DOT audits for the preceding two years and the audit for the year in which the subject accident occurred.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 25:**

Produce your safety ratings for the preceding two years and the audit for the year in which the subject accident occurred.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 26:**

Complete and clearly readable copies of your driver's personnel file (refer to Definitions and Instructions), or any otherwise titled files on you in reference to services performed for you by you, from initial contract or employment with you to the present date.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 27:**

Complete and clearly readable copies of any state or FOMCSFO (refer to Definitions and Instructions) issued terminal audits, road equipment compliance inspections, driver compliance inspections, warnings of violations, or traffic citations issued in reference to the activities of you or your co-driver, by any city, county, state or federal agency or law enforcement official in your possession. This request specifically includes any documents issued by any governmental agency arising from the activities of you from the date of your initial employment to the present date.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 28:**

Complete and clearly readable copies of all objects, photographs, drawings, reports, statements or otherwise described documents or objects in your possession in reference to the Subject Accident excluding only those written documents, materials and objects that can be clearly identified as the work product of the defendant's attorneys. This specifically includes any and all reports and written or electronically recorded statements made by any of the defendants to any other person, organization or governmental entity.

**RESPONSE:**





**REQUEST FOR PRODUCTION NO. 29:**

Complete and clearly readable copies of any and all accident files and records (refer to Definitions and Instructions) maintained by you or your employer in reference to any vehicular accident, or accident, prior to the occurrence of the Subject Accident wherein you or your co-driver or driver-trainer were involved.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 30:**

Complete and clearly readable copies of all hours of service records created by you or your co-driver, for the period of time beginning one month prior to the date of the Subject Accident and ending on the date of the Subject Accident, that are in your possession.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 31:**

Complete and clearly readable copies of any and all notices, directives, bulletins, publications, or otherwise company-distributed manuals of any type relating to the day-to-day motor carrier operating and safety procedures given to you by your employer, to be followed by you, in existence and effective in your employer's company on the date of the Subject Accident.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 32:**

Complete and clearly readable copies of any and all created electronic or satellite "vehicular movement recording" data or records created with QualComm, HighwayMaster, American Mobile Satellite Corp.'s devices, or such other similar technology, where such documents are indicative of the geographical locations of the truck, during the period of time beginning one month prior to the Subject Accident and ending on the date of the Subject Accident.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 33:**

All documents reflecting or relating to written driving examinations taken by you.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 34:**

Training videos or other materials used for the training of your company's drivers within the last five (5) years.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 35:**

Training videos or other material that was used during your training with your employer. If the responsive material is identical to the material that is responsive to the preceding request, please so state in your response.

**RESPONSE:**





**REQUEST FOR PRODUCTION NO. 36:**

Equipment-related documents for the tractor required by 49 C.F.R. Chapter III, Subtitle B, Part 376 for the last year.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 37:**

All photographs, drawings, diagrams, records of measurements and other depictions and documents reflecting the scene of the occurrence in question and vehicles involved.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 38:**

All reports, memos, correspondence, notes, telephone messages, voice mail recordings, e-mail, and other communications among or between you and other third parties from the time of the Subject Accident until the collection of specimens from you for alcohol and controlled substances testing, only to the extent such communications were concerning the condition, whereabouts, activities, testing and other circumstances concerning you. This request does not seek communications protected by the attorney-client privilege.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 39:**

All documents reviewed, prepared, or otherwise utilized in connection with any internal analysis or investigation into the Subject Accident, only to the extent that the analysis was conducted pursuant to your internal safety policies (i.e., this request does not seek the results of investigations conducted by your attorney in preparation of litigation).

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 40:**

All documents reviewed, prepared, or otherwise utilized in connection with any internal analysis or investigation into the "vehicle cause and prevention" of all collisions involving your vehicles or drivers over the last ten (10) years.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 41:**

All "maintenance files and records" for the tractor and trailer that was driven by you on the date of the Subject Accident, for the period from its original purchase or lease by you, regardless of from whom it was obtained, through the present.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 42:**

All lease agreements, use agreements, employment agreements, or other agreements relating to the tractor, trailer or you.

**RESPONSE:**





**REQUEST FOR PRODUCTION No. 43:**

The registration and title documents for the tractor and trailer.

**RESPONSE:**

**REQUEST FOR PRODUCTION No. 44:**

All documents relating to the U.S. Department of Transportation surveys and audits conducted on, for, or against you or your employer for the last ten (10) years.

**RESPONSE:**

**REQUEST FOR PRODUCTION No. 45:**

The tractor.

**RESPONSE:**

**REQUEST FOR PRODUCTION No. 46:**

The trailer.

**RESPONSE:**

Respectfully Submitted,

**JAMES KENNEDY, P.L.L.C.**  
6216 Gateway Blvd. East  
El Paso, Texas 79905  
(915) 544-5200  
FAX (915) 532-2423

By: /s/ James B. Kennedy  
**JAMES B. KENNEDY, JR.**  
State Bar No.: 00791014

A TRUE COPY, I CERTIFY  
**NORMA FAVELA BARCELEAU**  
District Clerk

BY

*[Signature]*  
**NOV 21 2017**

Deputy

